

STATE MEDICINE, FIVE ASPECTS: Pp. 35, 36, 39, 65, 73

Medical Economics

MAY
1945



TO THE AMERICAN MEDICAL PROFESSION:

Your sons and brothers who are standing today upon the battlefronts are fighting for more than victory in war. They are fighting for a new world of freedom and peace. We, upon whom has been placed the responsibility of leading the American forces, appeal to you with all possible earnestness to invest in War Bonds to the fullest extent of your capacity. Give us not only the needed implements of war, but the assurance and backing of a united people so necessary to hasten the victory and speed the return of your fighting men.

*W. Stewart Williams, Secretary
Douglas A. C. E. King
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H. H. H. H.*

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WYETH VIPULE
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PENICILLIN SODIUM WYETH is prepared from carefully selected strains of certain *Penicillium* species. The concentrated solution of penicillin is immediately transferred to the special Wyeth VIPULE® in which it is reduced to a dry porous solid from the frozen state under high vacuum. The VIPULE is then rubber-stoppered, air-evacuated and flame-sealed.

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1. Snap the glass cap from the penicillin Vipule at the plainly visible etched groove. Turn down sleeve of rubber stopper over neck of Vipule.



2. Snap the glass cap from the Vipule of normal saline solution to expose the free end of the Vipule needle.



3. Invert vial portion of the Vipule with normal saline solution over the upright penicillin vial and push downward so that the ends of the needle penetrate both diaphragms.



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Medical Economics

THE BUSINESS MAGAZINE OF



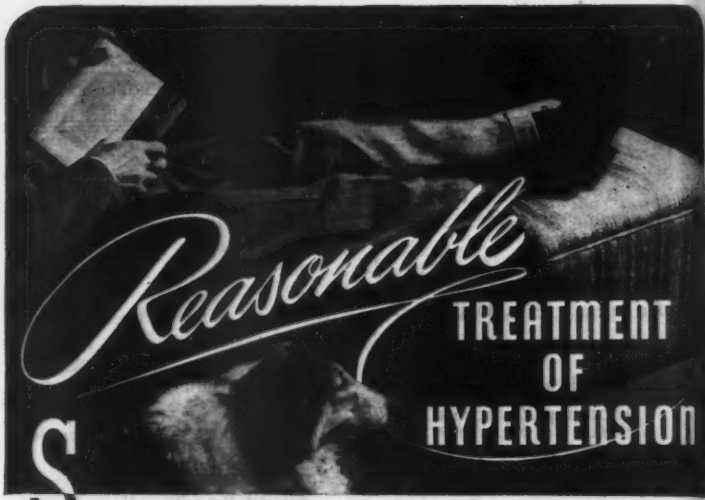
THE MEDICAL PROFESSION

MAY 1945

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CIRCULATION 107,000

H. Sheridan Baketel, A.M., M.D., Editor-in-Chief. William Alan Richardson, Editor. Ross C. McCluskey, Managing Editor. Lansing Chapman, Publisher. Russell H. Babb, Advertising Manager. Copyright 1945. Medical Economics, Inc., Rutherford, N.J. 25c a copy. \$2 a year.



Reasonable

TREATMENT OF HYPERTENSION

Successful management of high blood pressure calls for a regimen which is adjusted to individual requirements. Physical activity is generally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

These measures are often supplemented with the administration of Theominal. This combined vasodilator and sedative aids in reducing blood pressure to a more normal level. As a consequence hypertensive symptoms are relieved and the risk of complications is reduced.

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Theominal

U.S. & Can. Pat. 2,111,411

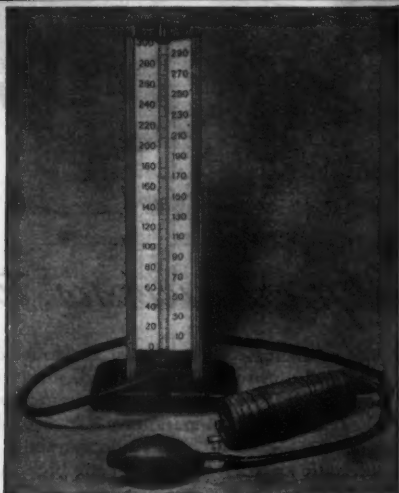
Supplied in bottles of 25, 100 and 500 tablets.

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In Hyperthyreosis, too

The symptom complex of increased appetite, exaggerated psychomotor tension, hyperhidrosis, and loss of weight, in addition to spelling thyrotoxicosis, also reflects the intense metabolic activity characteristic of this condition. Utilization of nutrients may be 50 per cent above normal.

Whether therapy be conservative or surgical, metabolic deficits must be eradicated and some of the consumed body tissue restored. To this end the intake of virtually all essential nutri-

ents must be doubled. If surgery is contemplated, nutritional preparation ranks in importance with iodine preparation for a successful outcome.

Ovaltine can be a valuable component of the high-caloric, high-vitamin diet required. This delicious food drink, made with milk, appreciably increases the caloric intake and significantly augments the intake of complete proteins and of vitamins and minerals, all of which are required in greater amounts in hyperthyreosis.

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Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,* provide:

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*Based on average reported values for milk.

A *Specific*

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Two types—All-Gauze and Zobec*—pad with the downy cotton filiation provides added softness and absorbency. Three sizes—2", 3" and 4" squares, 100 in

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Johnson & Johnson



Panorama

► Many better-paid workers are rejecting Canada's proffered "baby bonus" (\$5 to \$8 a month for each child under 15). Reason: They'd lose income tax exemptions if they accepted it, be worse off than before . . . How far can a malaria mosquito fly? At least a mile and a half, if hungry, but probably not two miles, report Paul F. Russell and Fred W. Knipe, Rockefeller Foundation . . . Fearing a gouge of physicians, N.Y. County Medical Society filed brief at legislative hearing, favoring extension of rent control to business and professional offices . . . When Army nurses liberated in Philippines stepped ashore at San Francisco they were welcomed home by a new official greeter: Brig. Gen. Fred W. Rankin, chief consultant in surgery to the Surgeon General's Office and former president of the AMA.

► Oregon has upped its registration fee for physicians from \$5 to \$10 . . . "We should look forward to the day when all staff doctors will have their offices in the hospital," Dr. Walter G. Hippen told New England Surgical Society. "That would mean a substantial economy" . . . Samuel H. Dender, N.Y. physician who admitted having sold 560 narcotic prescriptions to known addicts, drew prison term of two years and fine of \$1,500 . . . Blood for transfusions has been fired in shells to cut-off American units, Maj. Gen. Paul R. Hawley reveals . . . Five thousand physical therapy technicians will be trained by National Foundation for Infantile Paralysis at a cost of \$1,267,600 . . . J. P. Morgan & Co. has bought coverage in New York's United Medical Service for 681 employes and their families . . . Marshall Field's National Opinion Research Center, Denver, says 35 per cent of U.S. citizens treat their colds with proprietaries, 35 per cent use home remedies, 8 per cent see a doctor, 6 per cent try home treatment first, then see a doctor.

► How-long-oh-Lord department: N.Y. assemblyman, queried by Queens County Medical Society about stand on chiropractic-legalization bill, replied he was inclined to vote for it since chiro had "cured" daughter when M.D.'s failed . . . Dr. Vannevar Bush, director of the Office of Scientific Research and Development, has four advisory committees working on answers to those "post-war world" questions FDR asked him . . . Nineteen medical prepayment plans are now operating jointly with Blue Cross plans



Watkins Glen, New York (Circa 1872)

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RECOMMEND A SPA-LIKE SALINE LAXATIVE

One feature which attracts thousands to famous Spas is within reach of all you: patients—sparkling, carbonated, saline-laxative water.

The same ingredients found in the waters of many a Spa—sodium sulfate, sodium chloride and sodium bicarbonate—are skillfully combined with sodium phosphate, lithium carbonate and tartaric acid in pleasant-tasting SAL HEPATICA. These salts plus water

form "Liquid Bulk" for gentle but effective cleansing of the intestinal tract.

For a gentle, more efficient laxative or thorough cathartic—direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tps. Cathartic Dose: 4 level tps.

A Product of Bristol-Myers Company, 1911 W. 50th St., New York 20, N.Y.

TO HELP FLUSH THE

Sal Hepatica



SUPPLIES

INTESTINAL TRACT

Liquid Bulk!

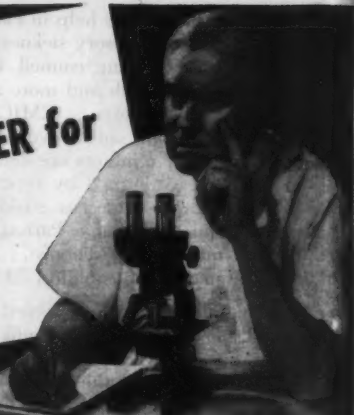
or getting Blue Cross help in enrollment and administration . . . No need for compulsory sickness insurance, says Massachusetts' legislative fact-finding council, declaring that private insurance has done a good job and more and more employers are paying salaries during illness . . . EMIC is now footing doctor and hospital bills for one out of every six babies born. Census bureau adds that twelve infants are delivered for every American killed in battle . . . Alarmed by reports of self-treatment, New York Academy of Medicine has asked ban on sale of sulfas except by prescription . . . Thomas Parran, Surgeon General, USPHS, sees need of more dental schools . . . Of 74 women medical officers, four are majors, 36 captains, 34 first lieutenants.

► Governor Dewey has signed bill appropriating \$100,000 to establish N.Y. State blood bank . . . Dr. Murdock Equen, Atlanta, has received Thomas A. Edison Foundation gold medal for development of the Alnico magnet to remove metal objects from stomach and lungs . . . When Commons popped some questions about artificial insemination at Minister of Health Henry Willink, latter couldn't answer them. "All I know," he remarked, "is what I read in the papers" . . . Treasury Dept. grabbed 26 million units of penicillin at Laredo, Tex., foiling attempt to export it illegally.

► License drinkers at \$2 each a year! recommends Massachusetts legislative committee, and use money to build hospitals for alcoholics . . . Stuttering and other speech disorders have been greatly increased by war strain, reports National Hospital for Speech Disorders . . . Aside to Paul de Kruif: RKO reports it is not quite ready to put your book, "Kaiser Wakes the Doctors," into production because the "story is still in the creative form" . . . The Voice will be used to lure mosquitoes into a trap being developed by Cornell University Medical School; however, it won't be Sinatra's but a recording of a female mosquito "singing a love song."

► First Passano Foundation Award, \$5,000, goes to Dr. E. J. Cohn, Harvard, for his work in fractionation of the blood . . . Personal savings of Americans amounted to \$40 billion in 1944, hitting an all-time peak four times as high as the previous top of \$9 billion in 1929 . . . Come peace, and tribulation will still be the lot of Europe and the Far East, gloomily prophesies Dr. Frank G. Boudreau, former medical director of the Health Organization, League of Nations. "The stage has been set for epidemics of typhus fever, dysentery, and cholera. In addition, bubonic plague, smallpox, diphtheria, and typhoid fever may at times assume epidemic proportions" . . . M. J. Koehler, convicted Minneapolis chiropractor, gained release from jail on lawyer's plea that he was ill and needed private doctor's care. But back to jail went Chiropractor Koehler when policemen found him in his old office allegedly offering to do abortions at \$200 each.

You Need BOTH IRON and COPPER for Iron Deficiency Anemias . . .



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Includes—All essentials for testing—in a small, durable, pocket-size case of Tenite plastic.

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MAXIMUM patient cooperation in intestinal bulk therapy is assured by Mucilose, a highly purified hemicellulose which provides *greater bulk* from *smaller doses* at *lower cost*. Published data* show that Mucilose yields much more bulk than other well-known psyllium-base products. Doses are correspondingly smaller, and savings in cost to the patient average 65%.

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FACTS ABOUT MUCILOSE

MUCILOSE is a hydrophilic vegetable colloid composed of the highly purified hemicellulose of *Plantago loeflingii*.

LUBRICATING BULK is provided by the absorption of approximately 50 parts of water to produce a colloidal gel.

BLAND, hypoallergenic, and free from irritants, it is also non-digestible, non-absorbable, and chemically inert in the digestive tract.

INDICATED in the treatment of both spastic and atonic constipation, and as an adjunct to dietary measures for the control of constipation in aged, convalescent and pregnant patients.

DOSAGE: 1 or 2 teaspoonfuls in a glass of water, milk, or fruit juice once or twice daily, followed immediately by another glass of liquid. It may also be placed on the tongue and washed down, or it may be eaten with other foods. Ample fluid intake is advisable to assure maximum bulk formation.

*Gay, H. and Tainter, M. L., *Am. J. Digest. Dis.* 8:130, 1941.

TRADE MARK MUCILOSE—REG. U.S. PAT. OFF.

PROVED THREE-WAY TREATMENT IN MUCOUS MEMBRANE THERAPY

ARGYROL therapy offers virtually three treatments in one. For ARGYROL properties are three-fold:

DECONGESTIVE—ARGYROL'S decongestive effect in the membrane is the result of its demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post-nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more.

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NEVER DUPLICATED CHEMICALLY OR IN CLINICAL ACCEPTANCE

Solutions of mild silver protein similar in appearance to ARGYROL are chemically different. Different in degree of colloidal dispersion, in size of particles and in Brownian movement viewed under the ultra-microscope. Unlike other mild silver proteins and regardless of the concentration of the solution employed . . . in



ARGYROL, the pH remains constant, the pAg is properly correlated. Unlike most mild silver proteins, ARGYROL remains equally bland and non-irritating in all concentrations from 1 per cent to 50 per cent. To insure the results which you expect from genuine ARGYROL, it is important that you insist on Original Package ARGYROL.

ARGYROL THE PHYSIOLOGIC ANTISEPTIC WITH SYNERGETIC ACTION . . .

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Speaking Frankly

Wonderer

Not long ago a veteran of the last war wrote you that he saw no reason why doctors returning from this war should be given assistance in catching up with medical progress or in setting up practice again. Another declared there are too many doctors already.

Such selfishness makes us medical officers wonder just why we are giving two or three years of our lives while men at home apparently are enjoying lucrative practices and dreading the day when doctors in service will return. I only hope that these opinions are not representative of the majority of civilian practitioners.

Medical Officer

Fitness

As a gynecologist interested in reduction of mortality from pelvic malignancy, I am convinced that routine periodic examinations should be made in conjunction with the national physical fitness campaign.

As a teacher of medical students and director of an outpatient department service, I have instituted such routine examinations at our gynecological clinics.

Careful consideration should of course be given to the physician's time and to the fee to be charged. At least theoretically, a routine physical examination should not be accompanied by a discussion of the

patient's symptoms. For the examination alone, 50 per cent of the regular fee would be fair to physician and patient alike. If an evaluation of complaints is asked for, then the visit amounts to a consultation and the patient should be made to understand that it will be charged for as such.

Clyde L. Randall, M.D.
Buffalo, N.Y.

SSB

I was interested in your report of prepayment plan statistics assembled by the Social Security Board. But in order that the profession may realize that actual accomplishment may be far ahead of the board's statistics, I'd like to point out that the SSB credits Massachusetts with 9,322 subscribers in 1943, while enrollment, as of Mar. 1, 1945, was 102,965.

If growth of prepayment plans in the rest of the country has been comparable, one should be careful about assuming that the Social Security Board data give anything like a true current picture.

James C. McCann, M.D.
Worcester, Mass.

Divorce

Too much time is spent at county medical society meetings on such economic matters as prepayment plans. Interest in scientific matters has waned. To my way of thinking, some meetings should be devoted exclusively to science and others to

The OUTSTANDING AGENT *in Arthritis Therapy*

A survey of the literature clinically outlining the usage of Ertron in chronic arthritis leaves no doubt as to the distinguished value of this agent. Clinically proven . . . safe . . . effective.

No similar agent has the tremendous weight of clinical evidence as reported from independent sources—leading hospitals, clinics, teaching institutions and private practice.

The clinical work has been done on Ertron . . . the bibliography specifies Ertron . . . the results reported apply only to this product. Ertron alone—and no other product—contains electrically activated, vaporized ergosterol (Whittier Process).

ON ITS RECORD. The record of Ertron a mass of clinical evidence taken from the literature over a ten-year period is the basis for its wide acceptance today. Given the test of time, it has been repeatedly shown that this is the form of therapy that should be given consideration in treating each case of chronic arthritis seen in practice.

ERTRONIZE THE ARTHRITIC.

ERTRONIZE MEANS: Employ Ertron in an adequate daily dosage over a sufficiently long period to produce optimal results. Gradually increase the dosage to that recommended or to the toleration level. Maintain this dosage until maximum improvement occurs.

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Supplied in bottles of 50, 100 and 500 capsules

Ertron Parenteral for Supplementary Intramuscular Injection

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CHICAGO**

Ertron is the registered trade name of Nutrition Research Laboratories



Views of the left hand of a male, aged 29 years; illustrating a late atrophic arthritis; duration of disease, 9 years; occupation, food storage, refrigeration.

This picture shows a terminal stage of rheumatoid arthritis. It illustrates, in addition to usual features of discoloration of the skin and wasting of the soft tissues, the presence of a cyst-like but actually a subcutaneous nodule on the second proximal interphalangeal joint of the index finger. Such nodules of a tubercle type occur, according to authorities, in about 10 per cent of patients with this disease. The fingers show atrophic changes involving particularly the third or middle digit. General involvement, including an ankylosing spondylitis or poker spine and locked jaws. This patient is also bedridden.



A MODERN ISOTONIC COLLYRIUM

MURINE is a *buffered, isotonic solution*, and can be used without fear of irritation to the conjunctiva or cornea. The pH of the Murine formula, approximately 8.0, together with the isotonicity of the tears, fulfills all the more modern desiderata of a collyrium in that it is soothing, cleansing, and non-irritating.

The ingredients contained in the Murine formula are: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, Sterilized Water, and 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) .001%.

Boric Acid is advantageously used in a low concentration (1.4830). A higher percentage, in combination with the other salts present, would cause Murine to be hypertonic to the eye and therefore lose its soothing effect and produce symptoms of mild congestion and irritation.

The ingredients, Potassium Borate and Potassium Bicarbonate, are mildly alkaline and serve as a detergent and mild astringent. They act synergistically with Boric Acid, which is mildly antiseptic.

Glycerine is used for two specific purposes: 1—it adjusts the Murine solution to the exact isotonicity of the tears; 2—it keeps the conjunctiva moist.

Berberine serves a very useful purpose. It has been known for many years that the alkaloid Berberine in alkaline solutions is an effective therapeutic astringent on inflamed and catarrhal conditions of the mucous membrane. The therapeutic effect of Berberine on mucous membrane is supplemented by Hydrastine Hydrochloride. To the above, a 1% solution of 1-1000 of 'Merthiolate' is added since it was found by practical experimental research in our laboratory that this solution was sufficient to inhibit mold growth.

The method of compounding these previously mentioned ingredients eliminates all side reactions together with the formation of any unlooked-for chemical realignment, thereby guaranteeing the true and unadulterated percentages of the formula as a final product.

The formula of Murine is in keeping with the *desires of all the recent desirable factors necessary in a collyrium: it is isotonic with the tears, it is a truly buffered solution, it includes mild but effective astringents, and a preservative. This all makes for a soothing, cleansing and still uniquely therapeutically effective preparation for minor irritations of the eye.*

THE MURINE COMPANY, Inc.
460 NORTH WABASH AVENUE, CHICAGO 11

the economic phases of practice.

Walter C. Swann, M.D.
Huntington, W. Va.

Collector's Item

On Aug. 12, 1942 my husband entered the Army. Behind him he left 398 unpaid accounts valued at \$9,050.73. Following is a case history of what happened to them.

Between Aug. 12, 1942, and Aug. 18, 1944, 59 of the accounts were paid in full, for a total of \$1,017.75; 25 were paid in part, for a total of \$717.50. These payments were made voluntarily by patients.

Still outstanding after two years, however, were more than four-fifths of the accounts. I decided to do something about them. Here is the record:

Hours at the telephone and typewriter	275
Number of telephone calls made	1,054
Statements and letters sent out	495
Acknowledgments of payment	109
Personal calls	37
Mileage	167

In return for the foregoing, I collected a total of \$1,559.

When I began my collections on Aug. 18, 1944, outstanding accounts totaled 339 and had a value of \$7,315.48. Some 114 were paid in full, compromised, or dropped. Losses were \$486. Still outstanding are 225 accounts worth \$5,270.43.

I spent so much time on this project that I thought it would be a mistake not to pass the results on.

I might add that most of the accounts to which I have referred were incurred between 1940 and 1942. A few date back as far as 1937. One of the older accounts is that of a woman who tells me she is



Illustrated above—Curvez's Sentry, 17-jewel Precision movement, pink or yellow gold-filled case, \$55.00 (Federal Tax included).

He missed his train by 1/10,000 of an inch

A tiny part of his watch movement was 1/10,000 of an inch off... result: his watch lost a fraction of a second. But what's a fraction of a second? Listen... It's a lost train... a lost contract... a lost appointment! Yes! 1/10,000 of an inch can be mighty important in a watch... That's why we at Gruen have never been satisfied with anything less than precision accuracy since 1874... Remember, Gruen is the only watch in the world permitted to carry the trademark, "Precision"!

Gruen Watches from \$29.75 to \$250; with precious stones to \$4,000. The Gruen Watch Company, Time Hill, Cincinnati, Ohio, U.S.A. In Canada: Toronto, Ont.

While we have been manufacturing large quantities of vital precision instruments for war, we also continue to produce fine Gruen Watches for civilian use... but of course the demand for these watches far exceeds production possibilities today.

GRUEN... THE PRECISION WATCH... AMERICA'S CHOICE FOR OVER 70 YEARS

†Reg. U.S. Pat. Office. Patented U.S. Patent Nos. 1,045,066, 1,212,040, 2,002,250, and 2,214,408, Canadian Pat. No. 270,007. Copyright 1944 By The Gruen Watch Company.

**BUY A GRUEN WATCH
... BUT BUY A WAR
BOND FIRST!**



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HOW TO GIVE PATIENTS NATURAL SUPPORT

Constriction Versus . . . Ordinary corsets, purchased and fitted in the usual way, are designed on the *constriction principle*. The shaping in these garments is developed *downward*. They are held in place by tightness at the waist and pull on the hose supporters. Whether a woman wears her corset for an unusual physical condition or for a simple problem of excess flesh or poor posture, her problem is only increased by the constriction principle. The effect of this tightness at the waist and constriction principle of design can be demonstrated by placing the hands on the abdomen and pressing down.



Effect of Constricting Corsets



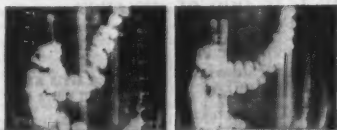
Natural Supporting Action
of Spirella

Natural Support . . .

On the other hand, there is the new and entirely different Spirella principle. Spirella is designed on the *Natural principle of support*. Beginning at the pubic bone and following the groin line, the garment encircles the pelvis, anchoring it under the abdomen and buttocks. From this base, the shaping is developed to afford support to the figure upward and backward in harmony with muscular action. The effect of Spirella's *Natural principle of support* can be demonstrated if the patient places her hands low on her abdomen and lifts, as in the second picture.

Because Spirella is designed anatomically and for each customer, the lines of traction are located correctly to give just the degree of support required, without the use of clumsy belts or buckles.

Thus Spirella is comfortable and attractive to wear. The Doctor, therefore, can be confident that his instruction is being followed. For complete information about Spirella write Dept. 7-6, The Spirella Company, Niagara Falls, N. Y. In Canada, please address The Spirella Company, Ltd., Niagara Falls, Ontario.

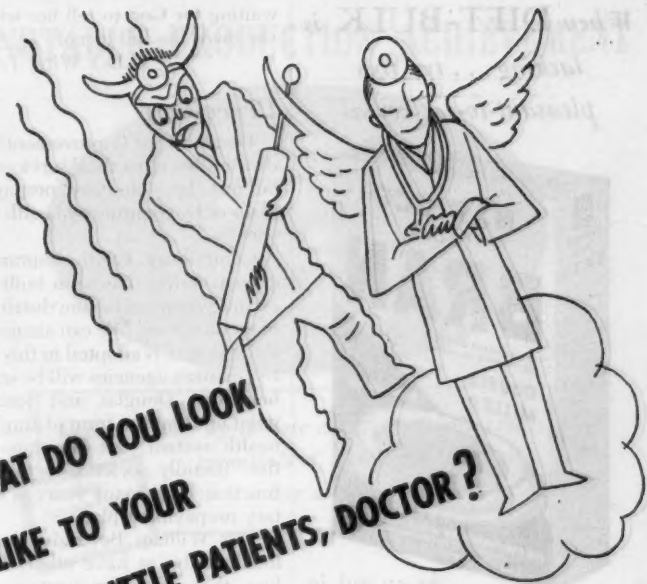


X-Ray Evidence—That patient gets just the same natural support from her Spirella as she does from the Modeling Garment, whose adjustment was checked by the physician. These X-Rays were taken under competent medical supervision.

With the Spirella Modeling Garment adjusted (see left-hand X-Ray) the hepatic flexure lies $3\frac{1}{2}$ " above the iliac crest. The right-hand X-Ray shows the same woman in her individually designed Spirella. The hepatic flexure now lies $3\frac{1}{2}$ " above the iliac crest.

Thus, by suggesting Spirella garments, you can be sure of getting just the degree of support you want. In addition you can be sure that the patient will get exactly the same support in her finished garment.





**WHAT DO YOU LOOK
LIKE TO YOUR
LITTLE PATIENTS, DOCTOR?**

—you, too, can be a hero to your patients, if you use **Super-Concentrate Pertussis Vaccine Phase I (Cutter)**

It's a rare doctor who won't save his baby-patients unnecessary pain. So—it's a rare doctor who doesn't appreciate the advantages of Super-Concentrate Pertussis Vaccine!

This is the vaccine that cuts pertussis dosage in half — with no loss in immunity. Every cc. contains 40 thousand million organisms, yet there is no increase in reactions. Thus, your ideal dosage schedule

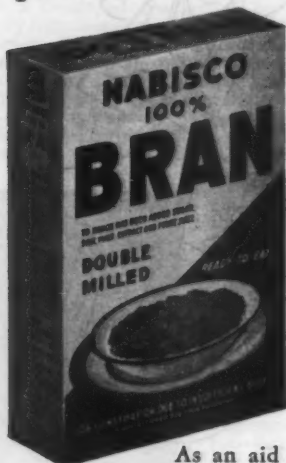
with Cutter Super-Concentrate is only 0.5 cc., 1 cc., 1 cc.

Produced by Cutter—the laboratories that first made Pertussis Vaccine in Phase I commercially available. The *same* laboratory that reduced shots from two to one per visit. Ask for Super-Concentrate at your favorite pharmacy—use it routinely in your practice!



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When **DIET-BULK** is
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pleasant-to-eat cereal



As an aid in counteracting constipation due to insufficient bulk, patients like Nabisco 100% Bran. It is so palatable, so easy-to-take, either as "crunchy" breakfast cereal, or in muffins and cookies.

Nabisco 100% Bran contains all the nutritive factors of the whole bran—the valuable phosphorus and iron, and the important Vitamin B₁.

By finer-milling, Nabisco 100% Bran particles are broken down, made smaller. Mild, gentle in action.

**FINER-
MILLED**
to make
bran particles
smaller

Sold in pound or half-pound packages in foodstores. May we send you a physician's sample?



**BAKED BY NABISCO
NATIONAL BISCUIT COMPANY**
444 W. 15th St., New York 11, N. Y.

waiting for God to tell her whether she owes the bill or not.

M.D.'s Wife, Texas

Precedent

Demands for improvement in the distribution of medical services must be met by voluntary prepayment plans or by compulsory health insurance.

Compulsory health insurance in other countries has been built upon existing agencies for the distribution of medical care. We can assume that if the system is adopted in this country, existing agencies will be utilized here too. Douglas and Jean Orr point out that the form of England's health system was determined by the "friendly societies" which had functioned for many years as voluntary prepayment plans.

(Sir William Beveridge implies, incidentally, as have others before him, that voluntary insurance promotes, rather than deters, the adoption of compulsory systems. In 1900, David Lloyd George pointed to the friendly societies as proof of the feasibility and desirability of compulsory sickness insurance. The National Health Insurance Act came three years later. In our own country, efforts to enact compulsory insurance laws are today most concentrated in the two states with the oldest and largest voluntary plans, California and Michigan.)

We all hope that voluntary prepayment plans, sponsored either by medical societies or by commercial carriers, will meet the public demand for relief from the unpredictable financial burdens of illness. Once firmly established, these plans would set the pattern to be followed under a compulsory system.

In the light of these considera-

A NOTABLE PRODUCTION ACHIEVEMENT

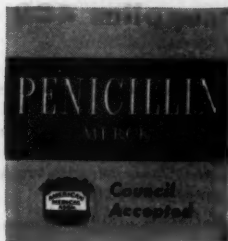


Copies of this up-to-date chart, containing the essentials of Penicillin therapy, are available on request.

THE record performance of Penicillin manufacturers in achieving large-scale production has resulted in the fulfillment of current military requirements for this remarkable antibacterial agent. Penicillin Sodium Merck now is available to the medical profession through customary supply channels for the treatment of civilian patients.

In this notable production achievement, Merck & Co., Inc. has been privileged to play a pioneering and progressively important rôle. Fundamental discoveries made by Merck microbiologists, together with new production techniques devised by Merck chemical engineers, provided the basis for a practical method of large-scale production.

Penicillin Sodium Merck meets the recognized high standard of quality established for all products bearing the Merck label.



MERCK & CO., Inc. Manufacturing Chemists RAHWAY, N. J.

Now—a great improvement in evaporated milk for infant feeding

SAFE . . .

SURE . . .

ADEQUATE

**Source of
Vitamin D**



THE NEW NESTLÉ'S EVAPORATED MILK supplies 400 units of vitamin D₃ per pint*

For years, Nestlé's brands of evaporated milk have helped thousands of infants get a good start in life. TODAY, Nestlé's has produced a new milk with all the original fine Nestlé's qualities—plus a great improvement that makes it better than ever for babies.

*25 U. S. P. units of vitamin D₃ (irradiated 7-dehydrocholesterol) are added to each fluid ounce of this milk. Every reconstituted quart provides 400 units of vitamin D₃ . . . a form of vitamin D produced in the human body by sunshine and identified with the principal nat-

ural vitamin D in cod liver oil. Fortification with vitamin D₃ does not alter the milk's flavor or destroy any of its natural vitamins.

When you prescribe a NESTLÉ'S Milk formula—you assure a safe, sure and adequate supply of vitamin D . . . provided in a dependable, easy, economical way.

No feeding instructions
furnished to the laity.

NESTLÉ'S MILK PRODUCTS, INC.
155 E. 44th ST., NEW YORK 17, N. Y.

MORE EFFECTIVE LOCAL CHEMOTHERAPY for Common Ear Infections

White's

OTOMIDE

EFFECTIVELY ANTIBACTERIAL,
ANALGESIC, ANTIPRURITIC

White's Otomide provides a new, more effective method of reaching and treating suppurative and non-suppurative infections of the middle ear and external auditory canal.

FORMULA:

Carbamide (Urea)	10%
Sulfanilamide	5%
Chlorobutanol (anhydrous)	3%
Glycerin (h.sp.gr.)	q.s.

Advantages of Combining Carbamide with Sulfonamide:

1. Chemically debrides lesion by solvent effect on necrotic tissues.
2. Renders sulfanilamide effectively antibacterial even in the presence of pus.
3. Solubilizes sulfanilamide, effecting higher

tissue concentration and increasing diffusibility through living and dead tissues.

4. Non-irritating to living tissue.

Advantages of Chlorobutanol:

Therapeutically compatible with sulfonamides, this recognized, local anesthetic provides effective analgesic and antipruritic properties.

Indications: Local management of suppurative and non-suppurative otitis media, and of sulfonamide-susceptible infections of external auditory canal.

White's Otomide is available in dropper bottles of one-half fluid ounce (15 cc.).

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

PHARMACEUTICAL

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MANUFACTURERS

LABORATORIES, INC.
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for DOCTORS
WHO LIKE
FINE STYLING



THE MEDICAL
Sanette

MODEL H-12
Height 15"; Dia. 10"

Sanette is the waste receiver that is regarded so highly for its accepted professional appearance. With its easily controlled, pedal-operated cover and its spic-and-span, rust-resisting inner pail ... it gives the utmost in utility too. At your dealer...or write us.

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tions, the group hospitalization movement acquires a new importance. Are the Blue Cross plans to duplicate the history of England's friendly societies? Two facts make this seem altogether possible:

First, a determined effort is being made by directors of Blue Cross plans to extend their benefits to include complete surgical or medical care. Second, Blue Cross plans would almost certainly be preserved and integrated in a compulsory plan.

The first statement will be promptly denied by Blue Cross leaders. But the facts speak for themselves. In Delaware, the Blue Cross plan has already been expanded to include cash benefits for surgical care. It is administered by a board of trustees on which there are two hospital representatives for every doctor. In West Virginia and North Carolina, too, hospital service plans have assumed full control of medical care plans.

The American Hospital Association, at its last annual meeting, considered recommendations from several speakers for "extending prepaid hospital plans to cover outpatient care." At the same meeting, the Hospital Service Plan Commission approved a model enabling act for comprehensive health service plans, which would require, among other things, that any plan incorporated under the act be controlled by a board composed of one-third hospital trustees, one-third doctors, and one-third representatives of the public. In the course of the discussions, Louis H. Pink, president of the Associated Hospital Service, New York, urged expansion of the Blue Cross without delay to include the costs of medical care.

[Continued on page 30]



A New High Potency B Complex Vitamin Injection

A serious deficiency of one B-vitamin complex factor often causes a deficiency of other important members of the B-complex. When such conditions are encountered, parenteral administration of all the known and available B-complex vitamins is the selected method for providing quickly the deficient factors.

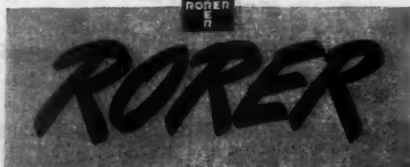
SolvipleX (Strong) "Rorer" is a high

potency preparation which supplies five of the important B-vitamin factors.

Each cc. contains:

<i>Thiamine Hydrochloride</i> (vitamin B ₁)	10 mg.
<i>Riboflavin</i> (vitamin B ₂)	2 mg.
<i>Niacinamide</i>	50 mg.
<i>Calcium Pantothenate</i>	1 mg.
<i>Pyridoxine Hydrochloride</i> (vitamin B ₆)	1 mg.
with Chlorobutanol, 0.5% and Urea, 100 mg.	

Available in 10 cc. serum capped multiple-dose vials. William H. Rorer, Inc., Drexel Building, Independence Square, Philadelphia 6, Pa.



15 YEARS OF PAINSTAKING, SCIENTIFIC CARE TO INSURE DEPENDABILITY



REED & CARNRICK *Parenteral Medicaments*

● This is one of the most remarkable offers we have ever made to physicians. It applies to every Reed & Carnrick parenteral, every package size, every unitage. Place an order with your dealer, or direct, for 3 multidose vials, or 3 boxes of ampuls, of the same size and unitage, and you will receive another at no extra cost. For example, purchase 3 20-cc. vials Estrogenic Hormones, R & C, 10,000 I.U. per cc., and receive 1 20-cc. vial of the same unitage without extra cost (4 vials in all).

● Compare the cost per injection of Reed & Carnrick parenterals, when purchased this way, with the prices you are now paying. Place an order for R & C ampuls and vials NOW either with your dealer, or direct, and—ECONOMIZE WITH THE BEST!

● The quality, potency, and clinical efficacy of Estrogenic Hormones, R & C, and other R & C parenterals have so impressed themselves on physicians that the steadily increasing demand has resulted in significant manufacturing economies. The low list prices of these meritorious products, and the present remarkable "buy 4—pay for 3" offer, reflects these savings.

DESCRIPTIVE LITERATURE AND PRICE LIST ON REQUEST

ESTROGENIC HORMONES, R & C
THIAMINE HYDROCHLORIDE
CALCIUM GLUCONATE
B₁₂, LIVER AND IRON
LIVER INJECTION
AMPACIDS PROSTATE
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Combat Team

They're armed with tourniquets and plasma instead of guns and grenades. • They're the combat team of medical science—the medical officer and the aid men—and they're fighting men, through and through. • It isn't a showy fighting job—just hard, dangerous work that goes on even when the guns are quiet. So often, rest for the men of medicine is limited to a few moments of relaxation with a friendly cigarette. More than likely it's a Camel cigarette; for Camels, with their mildness and full, round flavor, are such a big favorite with fighting men in *all* the services.



R. J. Reynolds Tob. Co., Winston-Salem, N. C.



CAMELS
*Costlier
Tobacco*



**PROTECTIVE
"INSULATION"**

AGAINST SALICYLATE INTOLERANCE

By "insulation" with protective alkalis it is possible to effect rapid salicylization with a very minimum of gastric upset. Meriting your prescription, therefore, is the well-balanced, well-tolerated—

ALYSINE

Brand of Natural Salicylate and
Alkaline Salts

The salicylates used in Alysine are guaranteed *natural*, and are combined in 1:2 ratio with selected alkaline salts.

Elixir Alysine is supplied in 4-ounce, pint and gallon bottles; Alysine Powder in 1-ounce, 4-ounce and pound bottles.

Trademark "Alysine" Reg. U. S. Pat. Off.

MERRELL

117th Year

THE W. H. MERRELL COMPANY

CINCINNATI, U. S. A.

In Philadelphia, where the medical society several years ago fought a bitter and unsuccessful battle to exclude radiology and pathology from the hospital service plan, a proposal has recently been submitted to add complete medical care to Blue Cross benefits. The proponents recommend repeal of the present Pennsylvania enabling act, which requires that a majority of directors of medical service corporations be doctors.

It is generally agreed among hospital leaders that Blue Cross enrollment has about reached its maximum unless contracts for hospital service can be coupled with insurance against medical costs. There is no doubt that the U.S. Public Health Service will emphasize this fact in the report of the study it is currently making of the movement.

It is both logical and economical to delegate responsibility for sale and routine administration of medical service plans to existing Blue Cross plans which have experience and trained personnel. But medical societies which turn over complete control of prepaid medical care to Blue Cross plans are traveling a dangerous road. They are violating one of the basic principles of organized medicine if they fail to establish a separate corporation to control the medical plan, with a board of directors of which a majority at least are doctors.

Ten years ago the AMA laid down the postulate that "All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control." This prin-

[Continued on page 96]



Someone Should Have Told Mom About Ry-Krisp!

Ry-Krisp is a Natural Corrective in Common Constipation

In common constipation, due to insufficient bulk, Ry-Krisp is a natural corrective because it supplies bran and minerals; also, unavailable carbohydrates to further encourage normal elimination.

Other Dietary Uses for this Unique Bread

In **Low-Calorie Diets**, Ry-Krisp is helpful because it furnishes most of the essential elements of whole grain rye yet each wafer has only about 23 calories.

In **Allergy Diets**, Ry-Krisp solves a big problem for those sensitive to wheat, milk or eggs because this crisp-baked whole grain bread is made solely of whole rye, malt and water.

As a **Whole Grain Bread**, Ry-Krisp is an every-meal favorite. Easy to serve...easy to eat. Economical, too. No loss from staleness because it comes packed in wax-wrapped trays. Ry-Krisp stays crisp!

Probably the only 100% whole grain bread available nationally.

FREE! Allergy Diet Booklet including forbidden and allowed food lists for wheat, milk, egg-free diets, and recipes. **Low-Calorie Diet Booklet** giving 1800-calorie diets for men, 1200 for women; menus, recipes. Available only to the profession. **Chemical Analysis Cards** for Ralston cereals and Ry-Krisp with factual data on their many uses in special diets on reverse side of each card.

USE THIS COUPON

Ralston Purina Company, Nutrition Dept.
34 Checkerboard Square, St. Louis 2, Missouri

Please send, no cost or obligation, material checked below

- ☐ C1008 Allergy Diet Booklet
- ☐ C1148 Low-Calorie Diet Booklet
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(Offer limited to residents of continental United States)





1 Battlefront experience has indicated the effectiveness of petrolatum in the treatment of burns. Petrolatum (and Bio-Dyne Ointment has a petrolatum base) maintains soft coagulum, minimizing crusting under which infections might develop.



2 Compression bandages limit edema within the lesion and deeper substructures; maintain ointment in contact with the lesion; markedly decrease water loss from the burned area.

Biodynes add faster healing to the virtues of petrolatum and compression bandages in the treatment of burns



3 Bio-dyne Ointment, used in conjunction with compression bandages, brings about faster healing and relief from pain. Biodynes are natural cellular substances which help regulate cellular proliferation and metabolism and which tend to offset the depressing effect of germicides on tissue respiration.

IN A MIDWEST HOSPITAL, where Sperti Bio-Dyne Ointment was used in a series of 100 burn cases, the director of the burn clinic reported complete recovery in an average of less than half the time normally expected, in his experience, with ordinary treatments.

Give burns the "ALL-3" treatment with

Sperti BIO-DYNE Ointment

BIO-DYNE OINTMENT is available from leading surgical supply houses in 15 oz. and 5 lb. jars and 1 oz. tubes.

MANUFACTURED BY SPERTI, INC., CINCINNATI 12, OHIO

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Fever Therapy in Malaria Control

Of timely interest is the use of hyperpyrexia, combined with drug therapy, for the treatment of incipient and recurrent malaria.

This type of treatment is deemed to have a physiologically sound basis, in view of "the general capillary dilatation and the associated increase in circulating rate of the blood, with increase in volume of cardiac output, bringing into the systemic circulation the plasmodium, which can then be directly acted on by the quinine in the circulating blood."*

The G-E Air-Conditioned Fever Cabinet and Inductotherm, used in combination, assure the safest and most comfortable treatment conditions for the patient, as with this method the fever is induced by internal generation of heat within the tissues themselves, and therefore with minimal increased pulse rate.

For complete information, write for Pub. No. B15.

*G. E. Drewyer and J. E. Hughes, (*Archives of Physical Therapy*, May, 1944.)



GENERAL ELECTRIC
X-RAY CORPORATION

3012 JACKSON BLVD.

CHICAGO 12, ILL. U. S. A.

1900 OUR FIFTIETH YEAR OF SERVICE 1945

Peace and Rest FOR THE DISTRAUGHT PATIENT

THE unrelenting distracting torment of pruritic skin lesions can readily upset the mental and emotional equilibrium of any patient, however stolid. Instant and complete relief of itching is the patient's urgent demand; eradication of the lesion becomes a matter of secondary interest. With Calmitol, the patient's desires are dependably satisfied. Itching is stopped virtually instantly, and for prolonged periods. Quickly the fenseness of the patient gives way to peace and rest, and relaxation is again possible. Calmitol has become the first thought in pruritus, regardless of cause or other indicated treatment.

The Lanning & Co. Inc.

153 East 44th Street, New York 17, New York



The active ingredients of Calmitol are camphorated chloral, menthol and hyocyamine oleate in an alcohol-chloroform-ether vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and non-irritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken skin areas.

CALMITOL

THE DEPENDABLE ANTI-PRUITIC

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Editorial

Fifty-Dollar Babies

A year ago this month, Dr. Harry L. Jones, president of the Kansas City Clinical Society, warned that the "fifty-dollar babies" of the Emergency Maternal and Infant Care program "are only the first step in an extensive program of regimentation."

He can say that again—with some chance, perhaps, that the appeasers will now believe him.

When EMIC was originally introduced, medical men wanted to know how long the new house guest might be expected to stay. "Oh, don't worry," the Children's Bureau assured them. "It will be only for the duration."

Those who hesitated to believe this promise need make no apology for their skepticism. There are indications today that it was amply justified. We know of no one close to the EMIC operation who will bet any money (1) that it will not be expanded or (2) that it will not be continued in some form after the war. On the contrary, further growth is expected; and there are numerous subscribers to the belief that after V-day the scheme will really hit its stride, encompassing by that time the wives and infants of tens of thousands of veterans.

A number of M.D.'s now participating in the EMIC program feel as did one who said, "It was slipped

over on us in the guise of a patriotic duty." Public opinion is the main thing that impels many of these men to continue their participation.

They are fed up with EMIC for other reasons also: In the larger cities and in certain geographic areas where prices are high, they consider EMIC fees inadequate. They resent having restrictions placed on the number of calls they can make, on what they can prescribe, and on conditions of practice generally.

Paper work is a particularly sore spot—even though some simplification of forms has been effected. A few men say they don't even try to collect from EMIC cases; it isn't worth the trouble.

Others who have sought to collect fees cite the inordinate delay encountered: "It's not just a matter of weeks, but usually months—sometimes almost a year—before we get paid."

Evidence of the slashing resentment felt by doctors toward EMIC reaches MEDICAL ECONOMICS almost daily in reports from its correspondents around the country. Yet the sponsors of the program—and some medical society officers, too—don't seem to realize that this dissatisfaction exists. They will.

—H. SHERIDAN BAKETEL, M.D.

V.A. Medical Program Seen Degrading Physicians

*"Four-month specialists" cited
as clamor grows for probe*



March and April were bad months for Brig. Gen. Frank T. Hines—and May didn't promise much in the way of improvement. Critics of his Veterans Administration were boring in like angry hornets—and there seemed to be more of them every hour. Principal stings:

¶ Representative Philip J. Philbin (D., Mass.) got up on the floor of the house and declared that a major scandal was brewing in the Veterans Administration. He demanded that it be dragged out into the open by a thorough and impartial Congressional investigation.

¶ Reader's Digest reprinted Albert Q. Maisel's *Cosmopolitan* article, a factual indictment charging the administration with malfeasance, misfeasance, and nonfeasance. Citing names and cases, Mr. Maisel directly accused the V.A. with responsibility for the death of one veteran through neglect and of callous indifference to thousands of others.

¶ Harper's Magazine published an article, "The Veterans' Run-around," by Charles G. Bolte, head of the American Veterans Committee, which largely underscored the Maisel charges.

¶ The JAMA demanded an authoritative investigation by the President.

¶ MEDICAL ECONOMICS published a report of a five-month investigation, which showed the distressingly low ability, efficiency, and morale of V.A. doctors.

The House of Representatives brushed the matter off, at least temporarily, by burying the Philbin resolution and substituting a weak request that Representative John E. Rankin (D., Miss.)—the V.A.'s financial godfather—make a limited inquiry. Said Charles Hurd, in the *New York Times*: "Nothing has exemplified as well the stone wall against which butt the heads of those who try to obtain unbiased information about the handling of medical and neuropsychiatric cases among the veterans.

"This means that the committee which fathered the Veterans' Administration, approved its actions, passed on its programs, and undoubtedly enjoyed considerable patronage from it, now will presumably judge its works. The nature of its report is evident, unless veterans and the families of soldiers bring such pressure to bear that the committee actually makes a genuine investigation."

Meanwhile there were signs that neither veterans nor civilians would be content with a whitewash job.

Representative Philbin got up in

the House of Representatives to denounce the runaround he had been given. "If there are no irregularities to uncover," he said, "if no abuses exist, if no intolerable conditions are present in these institutions, I cannot understand why anyone, in or out of this house, should fear a thorough, impartial investigation." He went on to quote from a number of letters he had received containing specific complaints. A veteran said that at one institution, patients were unable to obtain the service of a physician at night. "The night nurses are under order not to disturb them, and if they should come their language is insulting."

A nurse who had been returned from active duty to another institution because she needed medical care reported that she had been in the hospital for nine days and hadn't yet been examined by a doctor. A Kentucky woman wrote Representative Philbin that V.A. surgeons refused to operate on her husband, a veteran, for hernia, because "his heart was in such bad condition that he would die on the table. We later consulted a heart specialist and were assured his heart was perfect."

Representative Philbin filled column after column in the Congressional Record with such complaints.

Mr. Maisel made these charges in *Cosmopolitan* magazine:

"I have found doctors so overloaded that they could give the average patient only seven minutes' attention a week. I have found nurses so negligent that they did not even bother to wash their hands after examining one patient with a contagious disease before turning to another. I have found some men

—a minority—devoted to their patients and doing their very best, but so overloaded with work and so hogtied by administrative restrictions that they freely confess their best could not possibly be good enough. I have found many doctors who could hold no position in any well-run hospital: some cynical men who joked to me about their patients' miseries; incompetent men who rejected, offhand, every modern advance in medicine.

"I have seen desperately sick veterans served food so cold that it would be immediately rejected in the worst Bowery flophouse. I have seen men denied surgery they needed, denied modern treatments that could have cured them—and even sneered at by officials for presuming to ask for those things."

General Hines retorted that such charges were gross misrepresentations. And Colonel Roy A. Wolford, assistant medical director of the Veterans Administration in charge of all tuberculosis hospitals, told Mr. Maisel that he had "more tuberculosis specialists under a single control than any other outfit in the United States." In reply to the writer's question as to how these specialists were collected, Col. Wolford replied:

"Well they come to us as general practitioners. All we require is an M.D. and one year of internship. Then we give them a four months' orientation course at one of our facilities."

Said JAMA editorially: "The deteriorated service seemed especially poor when contrasted with the high quality of medical care rendered to those in the armed forces. Perhaps the time is ripe for a really authoritative, independent, in-

vestigation of the administration of medical service to veterans, made by a committee responsible directly to the President.

"Although the Administrator has full authority and adequate funds to avail himself of the very highest quality of consultation and part-time services of leading physicians, the utilization has been minimal."

Continuing his criticism, Albert Deutsch wrote in a newspaper PM last month that a "two-day tour of the huge, sprawling central headquarters of the administration in Washington leaves me impressed—and depressed—by a single, inescapable fact: The V.A. is desperately in need of a big transfusion of new blood. You look in vain," he con-

tinued, "for a sprinkling of young faces at executive desks, such as you see in other Governmental agencies. The top administration of V.A. is almost a mass of senescent mediocrity."

"The man at the top—Brig. Gen. Frank T. Hines—is a strong-willed, dogmatic individual who, unfortunately for the veteran aid program, has surrounded himself with spineless yes-men."

Deutsch described the medical director of the administration's hospital system, Col. Charles M. Griffith, as an "old wheelhorse who gives one the impression of a dazed routinier overwhelmed and helpless by the scope of his added responsibilities." —RAY T. MEEHAN



"MISS CASEY! YOU KNOW PERFECTLY WELL OUR RULES
ABOUT READING IN BED!"

State Legislatures Cool Toward Compulsory Health Bills

CIO in California threatens inclusion of an initiative petition on the 1946 ballot



Most of the recent crop of compulsory health insurance bills that blossomed in state legislatures had by last month gone to seed. Actually, few had received more than a perfunctory once-over by a clerk before being put aside. But two—in New York and Rhode Island—did create some small stir; and one—in California—precipitated a free-for-all that made national headlines.

CALIFORNIA

Upshot of the West Coast fight was that both Governor Earl Warren (Rep.) and the Congress of Industrial Organizations received a sharp setback in their campaign for the establishment of a compulsory health insurance system. The Assembly committee which had been considering their bills tabled them by a vote of 7-3, and the Assembly itself rejected a motion to bring them to the floor by a vote of 34-42 on the CIO measure and 38-39 on the Warren bill. The twin action had the effect of killing any compulsory health insurance legislation in the current session.

The next move appeared to be up to CIO strategists—and the California Medical Association dared them to make it. Union officials had been threatening all along that if their bill was not adopted this year they'd place the issue before the

public via an initiative petition on the 1946 ballot. This challenge was taken up at the final hearing by John M. Hunton, executive secretary of the CMA. Said he:

"I think it is time we called that bluff. If the CIO wants to submit this measure to the people, then by all means let them get at it. The doctors of California have complete confidence that the voters will reject state medicine by an overwhelming majority."

Sacramento's political veterans, convinced that the CIO would find little difficulty in getting enough signatures to qualify the petition, prophesied that California in 1946 would witness the bitterest political battle since Upton Sinclair and his EPIC scheme went down to a smashing defeat.

Announcement of the Assembly committee's action followed a series of hot and heavy hearings on the Warren and CIO bills. (The two bills were similar in principle, chief difference being that the Governor's proposed fee-for-service remuneration for physicians and the CIO's specified capitation.)

Dr. Lowell S. Goin, president of the California Medical Association had told the committee that "No matter what safeguards are written into compulsory health insur-

ance legislation, when the state collects the money and pays the bills, doctors—for all practical purposes—will become state employees, and the private practice of medicine will end.

"I wonder if we want doctors in America paid 40 cents a call, as the British doctor is paid under compulsory health insurance. I wonder if we can afford the kind of medicine which results from doctors being forced to handle at least 9,000 patients a year—on an assembly-line

basis—to make a bare living, with little time devoted to diagnosis."

On the radio, Governor Warren retorted that medical society officials were attempting to "terrorize" the public. Actually, he said, his scheme would give doctors a far better income than they now receive for treating patients in the lower-income groups. At a press conference, he accused the profession of "throwing dirt in the people's eyes."

The Governor also asserted that

Insulated Windows



The seasonal job of putting on and taking off storm windows is eliminated by a double-glass development known as Thermopane. The insulated unit makes it possible to have larger reception-room windows, for instance, without sacrificing heating economy. The air space between the two panes of glass is hermetically sealed to keep out drafts and dirt, prevent frosting, deaden noises. Installation above: for Dr. F. G. Zietlow, Waukesha, Wis.

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the CMA had urged him to withdraw his support of compulsory insurance and—in effect—“turn the health program of our state over to the California Physicians’ Service. If the CPS has a program other than procrastination,” he added, “it should be presented to the public and the legislature for debate, as I have done with my proposal.”

One of Governor Warren’s principal witnesses had been Dr. Nathan Sinai, professor of public health at the University of Michigan and long-time advocate of compulsory sickness insurance. Some of the impact of his testimony appeared to have been lost, however, after the committee learned that he was not an M.D., but a veterinarian and public health specialist.

Party politics took a back seat during the hearings. Said William Malone, chairman of the Democratic State Central Committee: “Just because Governor Warren has introduced a health insurance bill is no reason [Democrats] should be against it.” But two Los Angeles assemblymen, having polled their constituents, reported that sentiment was against the compulsory principle by a ratio of as much as 3 to 1. On the other hand, of about 500 persons attending a forum in San Francisco, some 250 voted on the issue, and 84 per cent favored compulsion.

Even chambers of commerce failed to see eye-to-eye. The Los Angeles chamber announced its “unequivocal opposition” to the compulsory bills. But San Francisco’s believed “there is a social need in the health field which will not be met by voluntary insurance.” Reserving judgment, the state chamber urged a study of the vari-

ous proposals by a commission representing the public, medicine, labor, farmers, and business.

Other viewpoints:

San Francisco Employers Council: Postpone legislation until industry has reconverted; meanwhile, attempt to develop a plan modeled after the workmen’s compensation program.

Merchants and Manufacturers Association, Los Angeles: Against the Warren bill.

California League of Women Voters: No endorsement of compulsory bills, but “a strong stand” for “a set of principles”—among them the capitation method called for in the CIO bill.

American Legion, state branch: Against passage of compulsory legislation in wartime.

Also opposed: California Farm Bureau Federation, California State Grange.

Among those favoring compulsory insurance were the California Osteopathic Association and the San Francisco Physicians’ Forum. Chiropractors, said to number 4,000, were reported ready to support the Governor’s bill if it were amended to recognize them.

NEW YORK

Early this year, two long-familial compulsory health measures were re-introduced in the New York State Assembly. As before, they got no further than committee. But in March followed still another proposal—wholly unexpected—which may lead to legislative action in 1946.

Known as the Ives bill, and introduced by the Republican leader of the Assembly, the measure appeared to be patterned on the original Wagner-Murray-Dingell bill. It

would impose a payroll tax of 1 per cent on employers and employees, and provide comprehensive medical and hospital care for workers (and their families) now covered by the unemployment insurance law. Its administrator, the state industrial commissioner, would have the power to fix fees and register physicians who wished to participate.

No attempt was made to bring the bill out of committee before the legislature recessed; but its backers were planning on public hearings during the summer to "perfect" the measure for re-introduction early in 1946.

RHODE ISLAND

Last month a committee of six

physicians and five laymen were studying a Rhode Island bill which would authorize the establishment of a state-wide program of sickness insurance on a voluntary basis. The legislation, introduced in March under the sponsorship of Governor McGrath, was said to represent a compromise between his original plan of compulsory insurance and the state medical society's insistence on voluntary participation.

Under the bill's provisions, a majority of the directors would be physicians, and other specific restrictions would keep the program under the close scrutiny of both state officials and the medical society.

—JOHN BARSTOW

Aged Doctors Found in Dire Circumstances

"We've attended ill and needy doctors in trailers, attic rooms, and renovated chicken coops, in tiny, ill-heated hotel rooms, and at the county farm. The difficulty of finding proper rest homes for them—and the expense—has been a constant problem."

This disturbing disclosure was made by the Los Angeles Physicians Aid Society when, late last year, it asked members of the county medical society to contribute half a million dollars toward the construction of a retirement home for indigent doctors of the area.

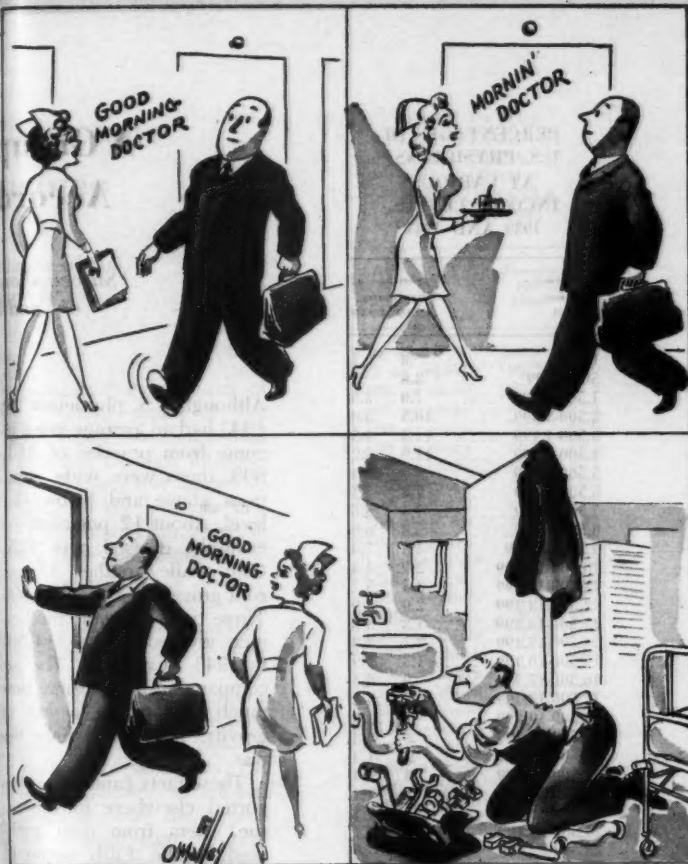
By last month, \$135,000 in cash and pledges had been raised, and prospects of attaining the \$500,000 goal were good. Meantime the association has been aiding needy

physicians by providing food and living quarters for the well, and hospitalization, sanatorium care, dentures, eyeglasses, etc., for the infirm. In doing so, it permits no officiousness, red tape, or prying, but carries on its work in a spirit of sympathetic understanding.

On the average, some fifty-two doctors a month are being aided. They range in age from 58 to 94. Most of them, naturally, have been members of the county society; but no deserving man who has been a *bona fide* medical practitioner and a resident of Los Angeles County is turned away.

Funds come principally from membership dues and contributions, and from a monthly grant of \$300 made by the state medical so-

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ciety. Memberships are of two types: active and associate. Active membership, limited to members of the county medical society, carries voting and office-holding privileges, and is available in four categories: annual, \$5; life, \$50; patron's, \$500; benefactor's, \$1,000. Membership is also available to relatives and friends

of physicians in four types of subscription: annual, \$2; life, \$25; patron's, \$250; benefactor's, \$500.

While members of the association are, for the most part, members of the county medical society, the latter assumes no responsibility for the benevolent group, financially or otherwise.

—NELSON ADAMS.

**PERCENTAGES OF
U.S. PHYSICIANS*
AT VARIOUS
INCOME LEVELS,
1939 AND 1943**

Gross Income Level	Percentage of Physicians	
	1939	1943
0-499 .....	.8	.1
500-1,499	3.6	.9
1,500-2,499	7.0	2.0
2,500-3,499	10.5	3.0
3,500-4,499	11.3	4.5
4,500-5,499	11.9	5.2
5,500-6,499	9.9	5.4
6,500-7,499	7.8	5.1
7,500-8,499	7.3	5.6
8,500-9,499	5.8	6.0
9,500-10,499	4.8	7.0
10,500-11,499	2.9	4.4
11,500-12,499	3.5	5.7
12,500-13,499	2.0	3.9
13,500-14,499	1.8	3.8
14,500-15,499	2.1	4.8
15,500-16,499	1.3	2.9
16,500-17,499 .....	.9	2.1
17,500-18,499 .....	.8	3.2
18,500-19,499 .....	.5	1.9
19,500-20,499 .....	.8	3.8
20,500-21,499 .....	.3	1.3
21,500-22,499 .....	.3	1.4
22,500-23,499 .....	.3	1.3
23,500-24,499 .....	.3	1.4
24,500-25,499 .....	.2	2.1
25,500-26,499 .....	.1	.9
26,500-27,499 .....	.1	.8
27,500-28,499 .....	.1	1.0
28,500-29,499 .....	.1	.5
29,500-30,499 .....	.2	1.4
30,500 or more ...	.7	6.6

**A Group
According**

*Survey shows
on, and*

Although U.S. physicians* in 1943 had an average gross income from practice of \$13,606, there were wide variations above and below that level. About 12 per cent, for example, grossed over \$25,000; while another 12 per cent grossed less than \$5,000. Three times as many medical men grossed above \$11,500 in 1943 as in 1939. The accompanying tables show how much higher the "center of gravity" has moved since the war.

These facts (and others reported elsewhere in this issue) stem from data gathered in the Fifth MEDICAL

*Active, civilian, non-salaried physicians (i.e., those who derived less than 50 per cent of their incomes from salaries).

Physicians Income

percentages above,
own level

ECONOMICS Survey. Each of the 109,000 copies of the March 1944 issue contained a postcard inviting information on thirty-five questions relating to the business side of the doctor's practice in 1943. More than 5,000 of the cards were filled in and returned. The information set forth on them has been coded, machine-sorted, and tabulated.

Previous articles have dealt in detail with the physician's income, the number of patients he sees daily, the time he devotes to self-improvement, and his investment in equipment. Future ones will relate to professional expenses, the economic status of specialists and salaried physicians, etc.

CUMULATIVE PERCENTAGES OF U.S. PHYSICIANS* AT VARIOUS INCOME LEVELS, 1939 AND 1943

Gross Income Level	Percentage of Physicians	
	1939	1943
0 or more	100.0	100.0
500 or more	99.2	99.9
1,500 or more	95.6	99.0
2,500 or more	88.6	97.0
3,500 or more	78.1	94.0
4,500 or more	66.8	89.5
5,500 or more	54.9	84.3
6,500 or more	45.0	78.9
7,500 or more	37.2	73.8
8,500 or more	29.9	68.2
9,500 or more	24.1	62.2
10,500 or more	19.3	55.2
11,500 or more	16.4	50.8
12,500 or more	12.9	45.1
13,500 or more	10.9	41.2
14,500 or more	9.1	37.4
15,500 or more	7.0	32.6
16,500 or more	5.7	29.7
17,500 or more	4.8	27.6
18,500 or more	4.0	24.4
19,500 or more	3.5	22.5
20,500 or more	2.7	18.7
21,500 or more	2.4	17.4
22,500 or more	2.1	16.0
23,500 or more	1.8	14.7
24,500 or more	1.5	13.3
25,500 or more	1.3	11.2
26,500 or more	1.2	10.3
27,500 or more	1.1	9.5
28,500 or more	1.0	8.5
29,500 or more	.9	8.0
30,500 or more	.7	6.6

Courtesy Notes That Build Good Will

As part of office routine, they require little of your time



Many of the country's most conservative business and professional men have become increasingly conscious of their public relations. They have discovered, sometimes to their surprise, that the practice of developing good will need not jeopardize either their dignity or their self-respect.

Obviously, not all the public relations media suitable for business would be appropriate for physicians. One of the most productive devices, however, is. I refer to the courtesy letter—a means of contact that fully satisfies ethics and dignity, and has the additional advantages of being personal, direct, and quite economical.

Nothing forbids a doctor to be human and gracious. And whatever may be the physical condition of the patient, he still appreciates a thoughtful gesture.

Medical men have numerous opportunities to build cordial relations by letter—but these opportunities are not always utilized. A few of the most appropriate ones are illustrated below by specimens that physicians can use with full propriety. Well within the bounds of ethics and good taste, these messages stimulate a spirit of genuine good will—an asset no less worth while in the medical profession than in any other.

1. Letters acknowledging mes-

sages of thanks for helpful medical services. *Example:*

"Dear Mr. Wells:

"I was delighted to receive your gracious letter of May 10. It is good to know that you are now feeling so well.

"In generously giving me credit for your recovery, you overlook the important part which *you* played in it. Your fine attitude of confidence and cooperation was no small factor in your return to health.

"My cordial regards and best wishes.

"Sincerely yours,"

2. Letters of appreciation to patients who have recommended you to their friends. *Example:*

"My dear Mrs. Logan:

"When Mrs. David Smith telephoned for an appointment the other day, she mentioned to my nurse that she was doing so upon your recommendation.

"I want you to know that this expression of your confidence is wholeheartedly appreciated, and that every effort will be made to justify it.

"Yours sincerely,"

3. Letters of explanation and regret following an appointment cancellation by the doctor. *Example:*

"My dear Mrs. Williams:

"I regret that my unavoidable absence from the office yesterday afternoon necessitated the postponement of your appointment. Because of an emergency I was called away suddenly and unexpectedly.

"Though you will doubtless understand that a doctor has no control over these situations, and no way of anticipating them, I do hope that you were not greatly inconvenienced. "Yours sincerely,"

4. Letters acknowledging holiday greetings from patients and former patients. *Example:*

"Dear Mr. Farnsworth:

"Thank you for your cordial Christmas message. I reciprocate your good wishes most heartily.

"It was a pleasure to hear from you, and this note carries with it my sincere wish that the coming year will hold for you an abundance of health and happiness.

"Cordially yours,

5. Letters informing your patients that you will be out of town for a specified period of time (to attend refresher course, medical meeting, etc.). *Example:*

"Dear Mr. Bowman:

"From August 1 to September 15 I plan to be away from the office, attending a post-graduate course and doing medical research work at Johns Hopkins University.

"Should you require medical service or advice during that period, I commend most highly Dr. J. B. Martin, who has graciously consented to look after my regular patients in my absence. His office is on the third floor of the Medical Arts Building.

"Though I regret that it will be necessary for me to be away for such a considerable period, I know that those of my patients who consult Dr. Martin will be in most capable hands.

"Cordial personal regards.

"Sincerely,"

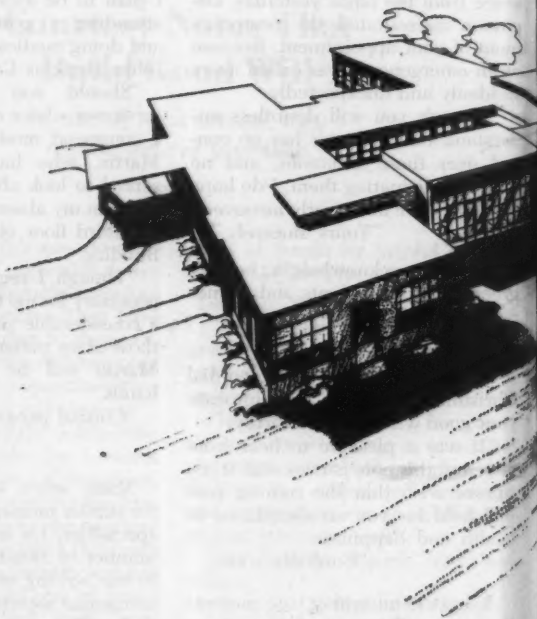
Many other opportunities exist for similar messages. Practice in the specialties, for instance, leads to a number of situations ideally suited to the writing of courtesy notes. A competent secretary, as a part of her daily office program, can often compose such messages, so that all the doctor need do is sign them.

—WILLIAM H. BUTTERFIELD

Health in Plus Fours

The health department where I am employed often mails form letters to delinquent venereal disease patients, stressing the importance of continuing their treatments. A dork's reply to one of our reminders reads as follows: "You says in your letter that I have a Venral Disease, but I does not and has never had one. The only thing my doctor ever says I had was Cyphlis and I aint never felt bad from that yet. My doctor tole me, too, that my blood was plus four and my blood pressure high so you see I am O.K. and dont need no shots."

—ELIZABETH RESPESS



Health Center Gives hit

*Forty-bed rural hospital has hit
for local publication*

First prize of \$1,000 in the Modern Hospital Architectural Competition¹ for the best-designed community health center has been awarded to Samuel E. Lunden and Louis C. Dixon, Los Angeles architects, for the structure pictured above. (Detailed floor plans will be found on the pages following.)

The award was made in the second of two competitions² to "en-

courage the building, in areas where they are needed, of small hospitals that are efficiently arranged, suitable for smaller communities, economical to build, operate, and expand . . . and to encour-

1. The jury: Marshall Shaffer, Nathaniel Owings, Mies van der Rohe, Addison Erdman, F. G. Carter, M.D., and Graham Davis.

2. The winning design for a small general hospital was published in April MEDICAL ECONOMICS.

Five Architectural Award

hospitals headquarters
l public activities

reases architects to give more atten-
small tion to the designing of good small
ar- hospitals and community health
com- centers."

These were some of the more im-
portant competition stipulations:

¶ The community health center
to consist of a forty-bed general
hospital (expandable to sixty beds)
with facilities for the local public
health officer and his staff, and offi-

ces for five physicians and two den-
tists, and their assistants.

¶ It is to serve a community of
from 20,000 to 30,000 people liv-
ing within from ten to twenty miles.

¶ Most of the beds are to be in
semi-private (2, 3, or 4 bed) rooms.

¶ The operating suite must con-
tain one major operating room and
one operating-emergency room.

¶ The obstetric area must be

separated from the surgical area.

¶ Nurses and other employes are to be housed elsewhere.

¶ The public health staff will consist of a health inspector, a sanitary engineer, and three public health nurses. "Since the staff will spend much time in the field, combination space is suggested."

¶ Laboratory space should be sufficient to serve public health, hospital, and outpatient activities.

In announcing the award, the sponsors of the competition presented these comments of the jury:

"This plan is well integrated, with the various services of the hospital and the health center placed in proper relation to the scheme as a whole. The health department and the doctors' private offices are properly related to the adjunct diagnostic facilities. Adequate provision has been made for expansion to sixty beds.

"The detailed layout, showing size, equipment, and arrangement,

has been well-handled in the majority of the rooms. However, the architects have apparently overlooked the necessity of lavatories in each two- or four-bed room and in the doctors' private offices.

"Although the architects have achieved segregation of the maternity section, this segregation perhaps goes too far, with the kitchen and dining rooms placed between the maternity and the other nursing areas, thus making a long run for the nurses at night and not permitting flexibility in the number of beds assigned to the maternity department.

"This criticism is offset, in part, by the ease of food distribution.

"The plan is economically developed with 476,000 cubic feet, although adequate space is provided.

"It is believed by the jury that, in spite of their simplicity and economy, the elevations require much further study to achieve an exterior design of distinction."



"HIS SPEED IS ALL RIGHT AND THE SHAPE IS O.K., BUT HE
DOESN'T GET UNIFORM SIZES—LIKE THIS!"

Legislatures Lag In Providing For Temporary Licensure

*Restrictions hinder relocation
of doctors, PHS asserts*



At the beginning of 1944 only sixteen states had directly provided for temporary medical licensure, either as a permanent policy or as a wartime measure. This and other facts brought out in analysis of medical practice acts recently completed by the U.S. Public Health Service indicate that (a) licensure restrictions, in many instances, have pre-

vented wartime relocation of civilian doctors in critical areas; and that (b) such restrictions may impede postwar relocation of demobilized medical officers.

In 1942, the Procurement and Assignment Service drafted a model bill (for use by state legislatures) providing for the temporary admission of out-of-state physicians. Al-

Table 1
LAWS PASSED BEFORE THE WAR WHICH PERMIT
TEMPORARY LICENSING OF PHYSICIANS

State	Period of Validity	Area of Practice	Qualifications of Applicants
Ariz.	Until next regular board meeting	Community where ap- plicant's services are needed in emergency	Graduate of recognized medical college
Ark.	No longer than 2 months before next regular meeting of board	State-wide	Same as for applicant for permanent license
Fla.	Until next regular board meeting	Do	Do
Ga.	Do	Do	Do
Ind.	Do	Do	Do
Kans.	Do	Do	Do
La.	Do	Do	Pass examination Same as for perma- nent license; not is- suable to a partnership
Miss.	Do	Do	Same as for perma- nent license
Mont.	Do	Do	Same as for perma- nent license
N.M.	Until next board meeting and until sec- ond examination passed upon	Do	Pass examination in all but two of desig- nated subjects
S.C.	Until next regular board meeting	Do	Same as for perma- nent license

Source: U.S. Public Health Service

Table 2
BILLS INTRODUCED IN 1943 TO LICENSE
PHYSICIANS TEMPORARILY DURING THE WAR

State	Qualification of Applicants	License Duration	Practice Area	Practice Limitations	Disposition
Del.	Licensed outside of state and found qualified by state medical council	12 months; renewable at discretion of council	Within limits imposed by council	Such restrictions as may be imposed by council	Approved
D.C.	Over 21, good moral character, sufficient professional training	1 year; renewable; automatically terminates 6 months after end of war	State-wide	None	In committee
Kans.	Licensed outside of state and found qualified by board of medical registration	Until war emergency terminates	Within limits imposed by board	Such restrictions as may be imposed by board	Killed
Me.	Do	Specified in temporary certificate	Do	Do	Approved
Nev.	Qualified by state board of medical examiners	June 30, 1945	Within territorial limits determined by board and specified in license	None	Approved
Pa.	Licensed outside of state and found qualified by state board of medical examiners	6 months after cessation of hostilities	Communities where medical services are needed, as determined by board with advice of PAS and state medical society	Do	Approved
Vt.	Licensed outside of state and found qualified by state board of medical registration	Until Mar. 1, 1945, unless sooner revoked	Within limits imposed by the board	Such restrictions as may be imposed by board	Killed
Wash.	Licensed and qualified to practice outside of state, and an applicant for license in state	Until next regular examination state board of examiners	State-wide	None	Approved

Source: U.S. Public Health Service

though forty-four state legislatures convened during 1943, only seven considered bills patterned on the model measure. (A similar bill for the District of Columbia was introduced into Congress for the second time in two years.)

Legislation, proposed or enacted, is summarized in Table 2. In most of the bills, temporary licensure was restricted to the period of the war plus six months. In two instances (the State of Washington and the District of Columbia) no restrictions were placed on the area of practice; in the other six states, practice was to be confined to areas determined by the state boards.

Legislation proposed in 1943 included a Colorado measure, later killed, which would have authorized full-time public health officers to practice in specified critical areas for the period of the emergency. Such permission would have been re-

stricted to graduates of approved medical schools who had been licensed by one of the states.

Before Pearl Harbor, the temporary licensing of physicians was already provided for by eleven states: Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Louisiana, Mississippi, Montana, New Mexico, and South Carolina (see Table 1). In most of these states, however, the license is valid only from the date of issuance until the next regular meeting of the state examining board; and applicant physicians must have the same qualifications as those applying for permanent licenses.

In four other states (Kentucky, New Hampshire, New Jersey, and West Virginia) provisions in the medical practice acts might, if broadly interpreted, permit the licensing of out-of-state physicians for a limited time.—MALCOLM WARD

Pin Cushion

She was 27 when she lost her mind, the result of a fall on the head. During her spells of insanity, she had no sense of pain. One day, the asylum attendants noticed that she couldn't stand upright, thought she might have an attack of appendicitis. On being questioned, she claimed that she had broken off the heads of five safety-pins, straightened the pins, and jammed them into her abdomen. The attendants refused to believe her.

Shortly thereafter, she was allowed to go home. When I was called to see her, she told me the same story. Examining her, I found a round red spot on her left side, just above the hip bone. I cut into the spot, touched something hard. With a pair of artery forceps, I pulled out a pin five inches long. I went after another, but couldn't get it.

I sent her back to the institution where surgeons removed a second pin, failed to get the others. Eventually, she died from peritonitis; but she lived for ten months with the remaining three pins still in her abdomen.

—ALEXANDER HAMILTON, M.D., Frankfort, Ind.

California Physicians' Service Sums Up Its Experience

*Medical care for all classes may mean
compulsion, secretary says*



Many of the difficulties that have beset the California Physicians' Service are well behind it. One of the pioneer experiments in state-wide prepaid medical care, the program is now in its sixth year of operation.

The CPS is growing steadily in public and professional favor, according to its latest report. Sponsored by the California Medical Association, it now has more than 5,000 doctor members, more than 125,000 subscribers, and does a business in excess of \$1,500,000 per year.

But the service has had to learn the hard way, its secretary, Dr. T. Henshaw Kelly, told the Senate Subcommittee on Wartime Health and Education. Among the things it has learned, according to Dr. Kelly:

¶ It is not possible to provide unlimited medical-hospital care for large groups of people at a cost of \$2.50 per month per person.

¶ Lack of public and professional response to any plan is due to lack of information, or to incorrect information.

¶ The severest criticism of medical society plans comes not from doctors but from labor organizations and other public groups, and is related to lack of complete support by professional members.

¶ Cooperation of medical plans with Government agencies has proved to be feasible.

¶ Overuse of service by subscribers is an important factor in increasing the costs of a medical plan.

¶ Lack of actuarial statistics is the chief stumbling block to the success of prepayment plans. (The CPS found that, prior to a revision of its rates and contracts, California doctors were contributing to subscribers approximately \$1,150,000 per year, in the form of free medical service. The situation was corrected only after CPS accumulated more than 200,000 case records, which it now regards as one of its most valuable assets.)

Dr. Kelly said:

"By charging users of the plan \$2.50 per month per person for combined medical and hospital service, we were only able to pay our doctors about half the average medical fee. I doubt whether a medical-hospital plan would work anywhere at \$2 a subscriber [a rate under discussion by the Pepper group] unless you used a lot of salaried physicians."

Dr. Kelly outlined some of the experience the CPS had gained with its first contract, a comprehensive one covering all the costs of medical care, which it later had to withdraw.

"CPS was created by the California Medical Association to furnish over-all coverage on a non-profit, non-deficit basis. There were no actuarial figures to guide us. We sat down and figured out what we thought people would pay, and sold Blue Cross hospitalization along with medical service.

"Over-all coverage is a very expensive job. There is always a group of people who uselessly employ the service. Even though they are a minority, their overuse is so great that it appreciably raises the cost of caring for the others."

As a result of this abuse, Dr. Kelly said, "the CPS compensation of physicians was for some time low beyond all reason. It became necessary for us to change our type of coverage. We have gradually replaced all the old full-coverage contracts with these two arrangements:

"1. A surgical contract which covers employed persons and their families on major and minor operations, fractures, and dislocations.

"2. A two-visit deductible medical rider, which is issued only in conjunction with the surgical contract and which covers only the employee (not his family). Under this arrangement, the subscriber must pay the cost of the first two visits in each separate illness or injury at the doctor's regular private-fee rate.

"On the medical rider, there are certain limitations on service. For example, eye refractions, physical therapy, and cold shots are not provided, and there is a three-month limit on the treatment of chronic conditions."

These modifications enabled the CPS to increase the remuneration of doctors and to sell contracts at much cheaper rates. However, to-

ward the end of 1944—after a full year's operation on the new contracts—it was found necessary to increase rates about one-third. This should make possible a unit fee of \$2.50 to the physician instead of the present \$2.25. The premium for the surgical services is now 80 cents a month for a male employee; \$1.20 for a female; \$2 for a family of two; \$3 for a family of three or more.

The medical rider costs the subscriber an additional 90 cents a month. Eligibility is limited to persons earning less than \$3,000 a year. For those persons earning more than \$3,000, there is a special indemnity contract for surgical expenses.

The CPS group enrollment requirement naturally affects its membership rolls, especially when employee turnover is large. Yet despite a considerable labor shift in California in 1944, the service increased its membership substantially. During its fifth year the CPS also upped its unit payment to physicians, paid the final \$35,000 of a \$42,000 loan, and set up a reserve fund of more than \$100,000.

The CPS hasn't found it hard to get along with Federal agencies. "We took over a contract with the Farm Security Administration," said Dr. Kelly, "and have operated a very satisfactory program for farmers and their families in several parts of California. In war areas, we have operated medical care plans for the Federal Housing Administration. The Government agencies haven't turned out to be the ogres a lot of doctors think they are. We argued about what was to be in the contracts, but after the contracts were settled, we were allowed to go ahead and do the

job without interference."

Dr. Kelly conceded that "in spite of what some of my friends think, and in spite of what I feel emotionally, we have to be realistic: You will never get care for all the people unless you make them take it, which means some form of compulsion."

Because the CPS found that people in the lower income brackets would not buy its service, Dr. Kelly believes that the health of the workingman might very well be considered an integral part of his employment, and of his reward therefor, in the future. "Industry has participated more and more in the CPS plan," he said, "by paying either part or all of the premiums. Some industrialists cover only their employees, others their families."

"If it became desirable in California to subsidize the medical care of those in the lower wage bracket, the state—with Federal aid—could contract with the CPS for everything that was to be furnished, whether participation of these people was voluntary or ultimately compulsory."

Discussing the "innumerable possibilities" for the use of outside money in voluntary programs, Dr.

Kelly suggested that the added expense involved in enrolling white collar workers could be defrayed by tax money, and thus prevent cost increases to other workers who enroll in large groups.

The CPS believes in educating doctors as well as the public on prepayment advantages. The state medical association has a full-time public relations man for this job.

Early this year, the CPS organized a "department of professional relations" whose function is to supply medical secretaries (and nurses) with information about the service—so that they, in turn, can explain it intelligently to their subscriber-patients. Trained representatives visit member-physicians' offices, outline the plan, answer questions, and leave copies of a specially prepared manual.

Chief CPS needs according to its last annual report are:

1. A more active and positive professional interest.
 2. Discontinuance of discrimination against subscribers by doctors.
 3. Better promotion of the plan to both management and labor, to overcome the competition of insurance companies.
- A. F. GORDON

Blushing from Flushing

In the sick room, I found a man, his wife (the patient), and an attractive young nurse. After examining the woman, I told the nurse I would like to speak to her privately. I asked her to step into the next room with me. The "next room" (I opened the first door that caught my eye) proved to be a bathroom. Toying with the handle of the toilet-box as I talked, I accidentally tripped it. The resultant clatter of plumbing could be heard a mile off.

I never saw the patient or her husband again, but I have often wondered what they thought took place behind that closed door.

—HENRY VAUGHAN, M.D.

Divergent Views Aired on Federal Medicine

Dr. Fishbein reiterates free choice would be lost



Any plan offered by medicine to avert compulsory sickness insurance must contain "no pillbag medicine, no limitation to catastrophic illness," Senator Claude Pepper told a New York Times public forum which was broadcast recently. The chairman of the Senate Subcommittee on Wartime Health and Education spoke on a program with Dr. Morris Fishbein, Dr. Kingsley Roberts, and Michael M. Davis, Ph.D. Their remarks (condensed) follow.

Dr. Roberts:

I am amazed at the great amount of time that has gone into the consideration of methods of payment for medical care, and at the relatively small amount of time given to what I believe to be the more important aspect of the problem, *i.e.*, the quality of medical care.

There are no actual standards for that quality. But there are certain things that will at least offer assurance that the individual physician is maintaining the standards he was taught in medical school.

He must continue to adopt new techniques and procedures as they are developed in research laboratories; he must have time to confer with other doctors on general case work; he must have proper vacations; and he ought to have some assurance of financial security.

However, the widening scope of medical knowledge has made it impossible for any one man to know all there is to know. Doesn't it stand to reason, then, that several specialists, together with a general practitioner, are quite well off, professionally, when they pool their knowledge and skills? Each man has the benefit of the separate and thorough knowledge of the other men; each man has more time for education, not only through constant consultation with the other men but by attendance at lectures or out-of-town meetings, made possible by the fact that he can rely on his colleagues to take care of his patients temporarily.

Dr. Fishbein:

The chief opposition to compulsory sickness insurance is not to the insurance but to the compulsion.

The proponents of most plans for compulsory sickness insurance insist that they provide free choice of physician. They never do: They provide only a free choice of physicians from among those who are willing to work under the system. If a patient wishes to consult a doctor who is not in the system, he must pay for that care.

At present the success of a physician depends on his ability to enlist the confidence of people. This in-

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At present the success of a physician depends on his ability to enlist the confidence of people. This in-

volves the principle of free enterprise. Compulsion eliminates it, and invariably levels the quality of service to a low standard. Thus, in Great Britain, since the establishment of the panel system, the quality of medical care given to panel patients is of an order distinctly inferior to that available to persons of the same class in our country. There has been a rise in self-treatment in England, as emphasized by the vastly increased sale of patent medicines for self-treatment.

The great menace in compulsory insurance is the interposition of a third party between doctor and patient. In most such systems there are two governmental lay employees for every doctor employed.

No clinic is, or can be, a substitute for the family doctor. The vast majority of conditions for which patients consult a doctor, are the ordinary aches, pains, and functional disturbances which can be diagnosed by a competent doctor in the home or in the office. This actually makes up 80 per cent of ordinary medical practice. For the remainder, specialist, often hospital, service may be essential.

Here group practice finds its best opportunity. Conceivably, with the development of Blue Cross plans, we will be able to evolve forms of group practice around hospital staffs, forms that are now in only an experimental stage. The full-time teaching staffs of our university hospitals work in that direction. Yet not one of these has been so coordinated in management, financing, and similar economic arrangements, or by integration with a prepayment plan, as to serve truly as a community hospital or medical service. Regardless of what

anyone else may claim, group practice is inevitably more costly than individual or private practice and it is not always more efficient.

Most conspicuous in recent trends in medical practice is the growth of psychosomatic medicine—the apotheosis of the personal relationship between doctor and patient. A clinic could determine the functioning of every organ, the normality of every secretion and excretion, and then yield for both diagnosis and cure to the individual doctor who understands the personality of the individual patient. The living animal is more than just bones, joints, blood vessels, and abdominal organs. The personal relationship between doctor and patient is the essential ingredient that ties together all that makes the animal living—and particularly human.

We all have the same objective. We all want to make a high quality of medical care easily available to all the people. American medicine approaches the problem with the experimental method, the scientific method. The physicians say: Determine the need in the local area; do everything directly applicable to meet that need. Where prepayment plans seem to be the answer, set them up, modify them when necessary; try to make them work. Where a new health center or hospital seems to be the answer, build it, equip it, staff it; try to make it meet the need. Where indigency in a population is so great that it cannot support medical service, try first to overcome the indigency, and give medical service until the indigency is overcome. But in all of this, save those values that physicians through years of experience have learned are essen-

tial in a high quality of service.

MICHAEL M. DAVIS, PH.D.

The British system that Dr. Fishbein referred to has never covered anything but general practitioner service to the employed person. It hasn't covered his family. It hasn't covered any specialized service. Consequently, those Britons who have had a taste of medical care have gone to the outpatient departments of hospitals for services to which they were not entitled under the limited system. Then, too, members of the British Medical Association—and many specialists who at first opposed the system bitterly—realize how well the G.P.'s have done financially, and are advocating the extension of national health insurance to cover the whole popu-

lation and to cover all branches of medicine.

As to this country, the application of medical knowledge has been limited by income and by geography. Even in the comparatively favored state of Ohio, for example, the infant death rate in 1940 was 62 per 1,000 births in the poorer rural counties, 66 per cent higher than in the better-off industrial counties. Of the 3,073 counties in the U.S., 1,200, mostly rural, do not have and never have had the basic tool of preventive medicine—namely, a local public health department with a trained health officer.

It is often declared that the poor and the rich get the best medical care, and that the middle-income people come off third best. The na-

Charge-Account Converter.

FROM THE DESK OF —
MARTIN F. STEIN, M. D.

*Munsey Park
Manhasset, Long Island*

Dear _____

With all the burdens and regulations of taxation imposed, the keeping of accounts and rendering of statements has become a major problem. The time of registered nurses and physicians can better be devoted to treating the sick and keeping the healthy well, rather than keeping books.

I ask you, therefore, if you will cooperate and keep your account on a current and cash basis. This will avoid the necessity of employing a bookkeeper, and that salary and expense would mean an increase in fees.

I know you will cooperate in this matter, as it will reflect in better professional service to you.

Very sincerely,

MARTIN STEIN, M. D.

Dr. Stein says this reminder card was well received by all his patients (most of them in the charge-account class—e.g., bankers, business executives, brokers). Within two months, 75 per cent of his accounts were converted from "bookkeeping and billing" to "cash and current."

tion's health would be better if this were true. Unfortunately, it isn't true except in a few places, such as New York. In most parts of this country, the lowest-income people get less medical care than any other group, although they have more sickness. The middle-income people get less care than they need and suffer from burdensome costs.

A generation ago, Dr. Herman M. Biggs, New York State health officer, coined the famous slogan: "Public health is purchasable. Within natural limits, a community can determine its own death-rate." With our present scientific knowledge, the lowered death rate is now approaching those "natural limits." The war against insanitation and infectious diseases is not wholly won, but such great gains have been made that the fighting fronts of health and the trend of need for medical care have shifted to other sectors. Fewer deaths in infancy and childhood now give us a much greater proportion of middle-aged and elderly persons in the population. And an older population requires a great deal more medical care than a younger one, and care of a different sort.

The American people expect more of medicine than they did formerly. They expect from medicine results commensurate with its powers. Given leadership from medical scientists and health statesmen, the American people will, I am confident, supply whatever resources are needed to obtain new knowledge, and to apply both old and new knowledge promptly and fully.

Senator Claude Pepper:

Seemingly, the only solution is a method by which the risks may be distributed among a substantial

proportion of the people over a long period of time.

Today there is general agreement on this score among all serious and open-minded students of the subject. All except a few die-hards who refuse to be moved by facts now accept the principle of prepayment, and I believe this represents real progress over the unenlightened invective that pervaded the atmosphere not very many years ago. There is still sharp disagreement, however, over the form that the prepayment system shall take.

Advocates of voluntary insurance claim that such plans will eventually meet the needs of most of the people. Others assert that voluntary systems can never reach a really significant proportion of the population, and that compulsory health insurance and tax-supported services must be provided if anything like full coverage is to be achieved.

The Senate Subcommittee on Wartime Health and Education has not yet decided which of these alternatives combines the most advantages and promises the most in terms of greater health, happiness, productivity, and longevity. We do not feel that all the evidence is in. We shall continue to conduct our inquiry, and we are willing to try to reconcile opposing viewpoints in a way that will be fair to all groups concerned.

But we are not going to settle for half-way measures or patchwork proposals. If the voluntary systems offered are to gain our approval, they must meet certain conditions.

First, the medical care given must be *complete* care. By that I mean hospitalization, general medi-



"THERE'S ONE GOOD THING ABOUT GAS RATIONING—WE DON'T HAVE ANY LAWYERS FOLLOWING US ANY MORE."

cal care, including all modern diagnostic and preventive services, and dental care. Insurance against so-called "catastrophic" illness, or against a portion of the medical bill, will not suffice, because we do not want people to wait until a catastrophe strikes before they see the doctor.

Secondly, the cost to the individual must be low enough so that most of the people can be included in the system. Unless we achieve full employment at high wages, this will require Governmental subsidies.

Thirdly, the service must be of high quality and so organized that it can be provided economically. This means additional facilities, more and better-trained doctors, and group practice. We cannot accept pill-bag medicine or a fee-for-service system in which every

specialist to whom a patient is referred, during the course of an illness, gets a separate fee. Such an arrangement would be prohibitively expensive. Also, it would be unsatisfactory from the standpoint of coordination of the various doctors' findings.

The committee has recommended a hospital and health center program to cover the entire nation. We propose networks of facilities integrated on a regional or state basis so as to make high-quality care available to every citizen regardless of where he may live. This recommendation has been embodied in the Hill-Burton hospital construction bill, S. 191.

But facilities alone are not enough. We must also see to it that people will be able to use the facilities. This will require health insurance

and tax-supported services for those ineligible for insurance or unable to afford it.

We must also have more trained medical personnel to staff our facilities. We propose Federal loans or scholarships to medical and dental students, with special incentives to

induce young practitioners to settle in rural and other shortage areas. We believe that returning medical officers should also be encouraged to take up rural practice.

Finally, we propose that the Government continue in peace, as it has in war, to aid medical research.

Annual Report Wins Acclaim

Well-edited and attractively printed, the annual report of the Milwaukee County (Wis.) Medical Society has drawn commendation from persons both in and out of the medical profession. Devoted almost exclusively

to society activities in various fields, the fourteen-page booklet highlights a dozen topics in a reading time of fifteen or twenty minutes. It describes, for example, the society's surgical care prepayment plan and its business bureau, its participation in public health activities, and its plans for assisting demobilized medical officers. Years ago the report was a mere leaflet which listed committee members and gave brief resumes of their work. However, the society in 1939 took steps to brighten both format and content.



Appeasement of Doctors Is Aim of Rewritten Wagner Bill

*Sponsors cite cut in powers formerly
proposed for Surgeon General*



Almost everywhere you looked last month, compulsory health legislation was being either attacked or defended. In Washington, the long-expected revision of the Wagner-Murray program had become an issue even before it was ready for the Senate. In the various states, a number of compulsory measures which had made their debuts were promptly snubbed, (see "State Legislatures Cool Toward Compulsory Health Bills," this issue).

Messrs. Wagner and Murray had little to say about their new program prior to its introduction. But a source close to Senator Murray told MEDICAL ECONOMICS that at least one feature of the measure would "knock some of the old bill's opponents off their chairs" and "take the wind out of their sails." Representative John Dingell (D., Mich.), co-sponsor of the original program, used the same phrases. No one was willing to speculate as to just what effect the sudden passing of Franklin D. Roosevelt would have on social legislation.

(Incidentally, a Wagner-Murray spokesman said that while Representative Dingell had re-introduced the old W-M-D proposal in this session as H.R. 395, he'd abandon that measure in favor of the revised bill.)

Definitely known to have been under consideration by the Wagner-Murray strategists were these changes:

1. Over-all administration by an appointive board rather than by the Surgeon General of the Public Health Service; the board to consist of from three to seven full-time officials.

2. Delegation of veto power to the Social Security Board.

3. Reduction of the payroll tax rate from 12 per cent to 8 per cent.

4. Provision for administration at the local level, utilizing existing "interested groups" in an advisory capacity.

5. Payment of grants and loans from general revenue for the construction of hospitals, health centers, etc. (The Hill-Burton bill—S. 191—had identical aims, and had been approved in principle by the AMA.)

6. Extension of coverage to all employees, including Federal, state, and local government personnel; railroad workers; and others previously excluded.

7. Provision for grants from general revenue for expansion of public health, maternal, and child-welfare services.

8. Inclusion of dental and nursing services as soon as funds were available.

—A. G. ROSS



Medicine Hits the Beach

*How medical men helped win an island—
and the price they had to pay*

Long before they swarmed onto the beaches of Okinawa, the Marines had learned a grim lesson: To beat the Japs you have to exterminate them. That means you have to employ all the resourceful, step-by-step methods of the professional exterminator. It requires tactical planning complete to the smallest detail, reconnaissance of practically every square foot of enemy-held territory, an almost individual briefing of the fighting men. Such planning isn't unique, of course. The Germans have developed it to a high degree; so have the Japs. But they have often lacked an ingredient that has saved the day for Americans: the initiative to cope

with unforeseeable developments that send the planning awry. Take the following beachhead operation as an example:

One Navy hospital corpsman was to land with each assault platoon of Marines. The assault troops would widen out the beachhead and push inland; then the battalion medical section was to come in. The two surgeons and their pharmacist mates would set up their sick bay, administer plasma, bandage the casualties, do rough surgery, and evacuate the seriously wounded men.

Soft-spoken Lieut. Logan A. Spann, the 38-year-old Tulsa, Okla., doctor in command of the section,

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assembled his men on the deck of the transport. His assistant, Lieut. Jack C. Cooper, a 27-year-old Texan, helped divide the men and equipment between three amphibian tractors. In wartime you don't put all your eggs in one basket.

On the second of H-hour the

assault platoon rammed toward shore.

Theory ended and practice began at the reef. The clanking amphibians, pushing the spray out behind them, crossed the reef into a full-dress Jap mortar barrage. The fire thickened as they came closer, reaching full

The tremendous toll of wounded on Iwo and Okinawa was somber warning of things to come when Japan itself was invaded. Last month the Navy Department, gravely concerned, was seeking additional physicians in the 45-60 age group.



intensity at the beachhead.

Ashore there was no place for a sick bay. The beach was the front line. Japanese had let the assault troops through, and then pinned the succeeding waves to the fringe of the island with accurate mortar and artillery fire.

Side by side with the infantrymen, the medical officers and corpsmen crouched behind a sand bank, patching the casualties as best they could. To the left of the bank, a red and dusty road twisted away from the beach and up to a ridge where the advance elements of the battalion had dug in. After three hours on the beach, Lieutenant Spann decided to set up his sick bay at the base of that ridge.

The corpsmen wriggled the seventy-five yards to the road and joined a Marine unit waiting to make the dash. Loaded with their

medical gear, they left cover and raced across the field. The Japs pinpointed the open space with accurate fire. Marines fell, and the corpsmen pulled them to temporary shelter in shellholes and behind oil drums, dressed their wounds, gave them morphine, and moved on.

Halfway across the field, a Jap sniper shot the first corpsman through the abdomen. A moment later a mortar shell burst nearby, decapitating a Marine infantryman and severely injuring a second corpsman. The little party paused in the open to dress its two casualties.

Lieutenant Spann was bandaging a Marine's leg. A shell landed nearby. He dived for a foxhole, spraining his back and fracturing a rib. He pulled himself out of the hole, finished the bandaging job, and kept going for the ridge.



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“Twenty major operations—the kind that would send a civilian to the Mayo Clinic—is about an average day’s work for us,” reported Lieut. Commdr. Thomas C. Butt from Iwo. “In addition, we handle thirty to forty minor surgery cases, and numerous cases calling for dressings, hemorrhage control, and the like.” On Iwo’s black, volcanic surface, corpsmen had built a 350-bed hospital, wherein surgeons, in alternate teams, worked twenty-four hours a day. One of them, Lieut. Commdr. Henry Tjernigan, operated thirty-six hours without rest. “From now on,” commented Commander Butt, “no matter how bad the wounds I’ll come upon, I’ll know I’ve seen something worse on Iwo.”

Disregarding the warning shouts of Marines already at the ridge, the medical section charged across the final 100-yard stretch; it hadn’t a trace of cover. The Marines stopped shouting and began to cheer.

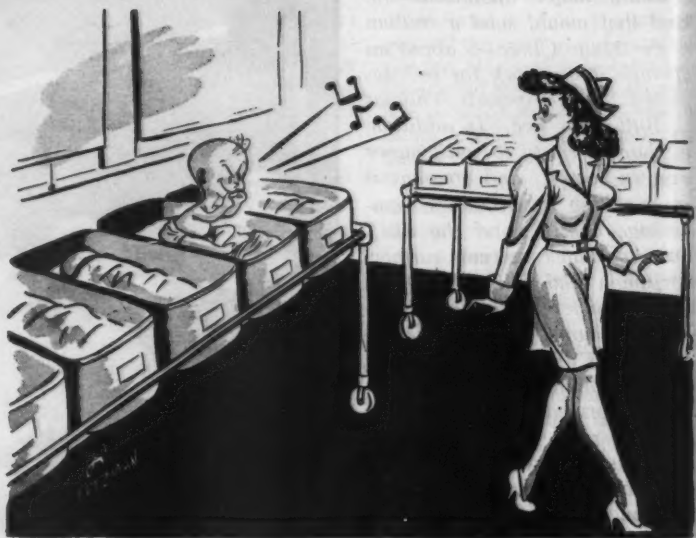
Part of the medical mission was accomplished. With two of his corpsmen wounded, Lieutenant Spann started his work. There were plasma transfusions, bandaging, syrettes of morphine to ease the pain, probings for shrapnel, casualties to be fetched from the ridge top, wounded to be evacuated.

In the next four hours the unit handled sixty casualties.

Three litter bearers were killed taking a Marine back to the beach



through that open field swept by Jap fire, so Lieutenant Spann commandeered the amphibian tractors which were ferrying ammunition to the front lines. They made the re-



turn trips with wounded stretched out on their cargo decks. Evacuation proceeded smoothly.

"Nothing happened for the next few days," Lieutenant Spann said afterwards, "except that we worked all day and didn't sleep all night."

No, nothing happened except that the sick bay at the new position was set up close to a hidden Jap ammunition dump which was promptly blown up. Walking casualties streamed in, and corpsmen treated the wounded at night in front of the lines, under constant risk that cautious Marines would fire at the sounds they made.

Then the Marines moved on again to join another battalion. That meant a double set of casualties to be taken care of. Later the Japanese made a direct mortar hit on the

piled-up stretchers, destroying them all. Casualties had to be carried on makeshift litters of ponchos and shelter halves.

Before the assault on the next ridge, the sick bay was pitched near a thicket. It seemed a safe location. The scene of action was moving further inland and the battalion prepared to follow up. The medical officers and corpsmen began packing their gear again.

Then the thicket spoke. A Japanese grenade lobbed out. Its explosion signaled the start of a desperate enemy counterattack.

Nine corpsmen were trapped in cross fire near the thicket. No one could reach the neatly packed medical gear. It had been stacked in several foxholes; now those foxholes had been cut off by the enemy.

Men wounded by the grenade needed treatment. Casualties drifted back from the front lines. There was one exit: a path back to the beach. The corpsmen skulked back along it, guiding the wounded to safety and returning with badly needed supplies.

Soon the Japs discovered the path and tried to block it with their fire. But the corpsmen got through. They had to; the supplies were chiefly plasma.

The battle lasted six hours. A brutally accurate mortar barrage ended it in our favor.

Lieutenant Spann moved up to collect his equipment. Again the thicket came to life and a lone Jap machine gun sputtered sharply. A Marine rifleman stepped forward and silenced it.

The exhausted corpsmen could scratch only three inches of dirt out of the hard ground for their foxholes that night. Too tired to care, they heard the Japanese throw a banzai attack against the Marine lines

just in front of them. At first the screams and yells were very loud, but they died to a whimper as the Marine gunners cut loose. The organized resistance of the Japanese petered out.

Isolated groups of the enemy fought on until all had been killed or captured on the northern shore of the island. The Marines' job was virtually completed; the medical section had a chance to ease up.

When you come to measuring a fight, you get down to a casualty count—a hateful business of writing off your men. So it was in the medical unit. It figured out neatly: half of them were gone—killed or wounded.

Of all the dead, the medical men agreed, none had given his life more valiantly than the corpsman who was cut down by Japanese machine gun fire while tending a wounded Marine. His dead hands still clutched two of the weapons of his job: a pencil and a casualty tag.

—A. M. JOSEPHY JR., SGT., USMC

POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad up to four lines (about 24 words). The publishers reserve the right to reject any ad submitted and to limit the number of appearances. If you are eligible for this service and want a blank on which to submit an ad, address

Medical Economics, Inc., Rutherford, N.J.



FOR THE PATIENT WHO IS "TIRED OF IT ALL" ... because of hypochromic anemia

When iron stores in the patient are inadequate to meet his emergency, hypochromic anemia may result. Seldom if ever a cause of death per se, yet iron deficiency anemia with its accompanying lassitude, weakness, lack of appetite, "all-gone" feeling, may cause a distressing, even alarming debility state.

In cases of simple hemoglobin deficiency due to lack of dietary iron, or in hypochromic anemia from other causes, Ovoiderrin is a hematinic of recognized value. Ovoiderrin's iron is colloidal, stable in form, pass-

ing practically unaffected by stomach juices to the intestine for immediate absorption and utilization. No constipating effects, no dehydration, no gastro-intestinal upset.

Ovoiderrin is prescribed in debility states due to lowered hemoglobin, for the convalescent, the elderly patient, the adolescent youth, and during pregnancy and lactation. Almost tasteless, pleasant to take. Available at drugstores in 11 oz. bottles. Dosage: one tablespoonful in milk or water at mealtime and bedtime.

OVOFERRIN Preferred

Form
Perfection
Facts

Colloidal Iron vs. Ionizable Iron

Ovoiderrin is colloidal iron protein. Non-ionizing, non-irritating. Assimilable.

Iron Salts that ionize may irritate, dehydrate, constipate the patient.



HOW OVOFERRIN RAISES HEMOGLOBIN VALUES

in the mouth . . .
Pleasant and palatable. Ovoiderrin is almost tasteless. Does not stain or destroy tooth enamel.

in the stomach . . .
Stable, non-irritating. Non-ionizable, its colloidal structure remains practically unchanged by gastric juices, passes on ready for further assimilation.

in the intestine . . .
Entering here in colloidal form, Ovoiderrin iron is readily absorbed, utilized. A stable hydrous oxide that has neither dehydrating nor astringent action. There are no distressing side-effects, no constipation, with Ovoiderrin.

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COLLOIDAL ASSIMILABLE IRON
MADE BY A. C. BARNES CO., NEW BRUNSWICK, N. J.

"Ovoiderrin" is a registered trademark, the property of A. C. Barnes Co.

Doctors Seek Voice in Federal Hospital Building Program

Hill-Burton proposal seen aiding practice in shortage areas



More than one realistic practitioner last month was looking a prospective gift horse in the mouth. The gift: the Hill-Burton national hospital-construction program. Not-to-be-downed qualms: Would it be a step toward Federalization of medicine? Would it become a grabbag for politicians on national, state, and local levels? Would it increase hospital domination of medical practice?

Proponents quickly pointed out that the bill avoided all these contingencies "in principle." But the AMA had endorsed the proposal only "in principle" and it was remembered that Herbert Hoover had described Prohibition as "an experiment noble in purpose."

Actually, there seemed no great cause for alarm about Federalization. The measure would provide Governmental assistance to states for the construction of needed hospital facilities, but all hospitals would remain under non-Federal control. State advisory boards would define needs, and physicians were hopeful of a strong voice on the boards.

But politicians—and statesmen—were eying the proposal speculatively. Senator Robert Taft, urging protection for areas of medical stringency, added wryly that "all the influential people in Ohio are

on some of the hospital boards, and they will be down here with the strongest kind of pressure for large projects."

In any event, no road block faced the Hill-Burton bill (S. 191) as it headed for the Senate floor and what looked like eventual enactment. Negligible opposition had developed in hearings before the Senate Committee on Education and Labor. The committee had not yet made its report, but there appeared little likelihood it would make any essential change in these principles:

¶ Federal assistance to the states on a share-the-cost basis, but not as a 50-50 split: The Government would contribute as little as 25 per cent to the wealthy states and as much as 75 per cent to the poor ones.

¶ Administration in the hands of the Surgeon General of the U.S. Public Health Service, assisted by a Federal Advisory Council (to consist of eight persons "outstanding in fields pertaining to hospital and health activities . . . a majority authorities in matters pertaining to the operation of hospitals").

¶ Amount of the first year Congressional appropriation: probably \$110,000,000 (\$100,000,000 for construction; \$5,000,000 for state surveys; \$5,000,000 for state ad-

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ministrative costs.) Subsequent appropriations: as determined by future sessions of Congress.

¶ Hospital construction, within the terms of the bill, was broadly defined to include "public health centers; general, tuberculosis, mental, chronic disease, and other types of hospitals; related facilities, such as laboratories, outpatient departments, and nurses' home and training facilities; and central service facilities operated in connection with hospitals."

Excluded from participation: proprietary hospitals, institutions primarily furnishing domiciliary care.

¶ Proof of need: Each state would be required to make an adequate survey of all existing facilities and to certify (through a duly

constituted state agency) to the necessity of each project.

The Hill-Burton bill last month had received the endorsement of

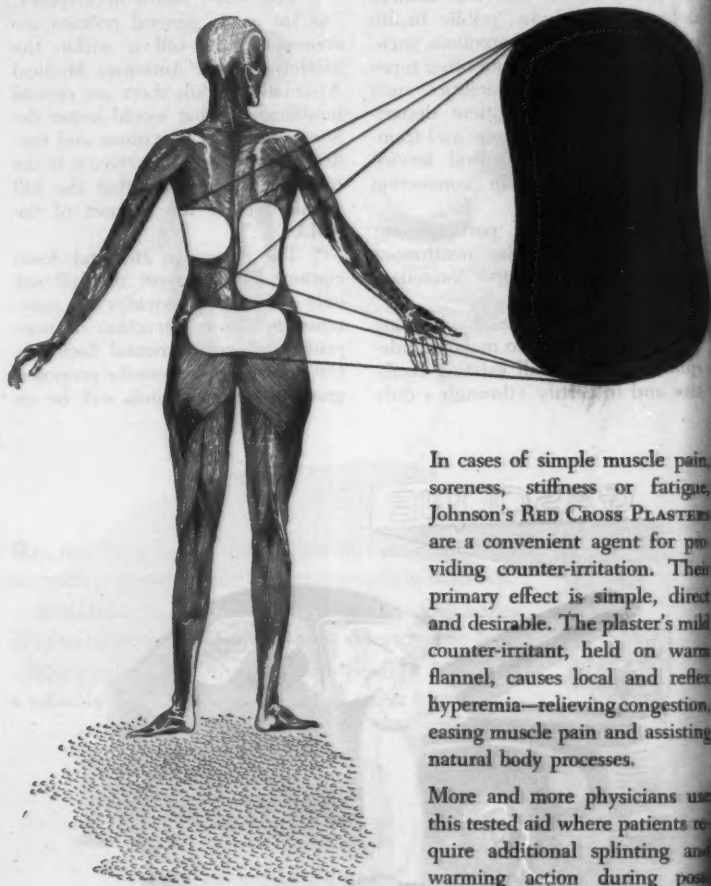
¶ The AMA Board of Trustees: "As far as its general policies are concerned, the bill is within the platform of the American Medical Association; while there are certain modifications that would better define some of its provisions and render the bill more effective, it is the feeling of the board that the bill should receive the support of the AMA . . ."

¶ The American Hospital Association: "We support the bill not only because it provides for assistance in the construction of non-profit and governmental facilities, but because we believe the proposed grant of Federal funds will be an



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In cases of simple muscle pain, soreness, stiffness or fatigue, Johnson's RED CROSS PLASTERS are a convenient agent for providing counter-irritation. Their primary effect is simple, direct and desirable. The plaster's mild counter-irritant, held on warm flannel, causes local and reflex hyperemia—relieving congestion, easing muscle pain and assisting natural body processes.

More and more physicians use this tested aid where patients require additional splinting and warming action during post-treatment exposure.

Johnson's RED CROSS PLASTER **Johnson's** BACK PLASTER

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ANALGESIA IN THE THROAT

In the management of "sore throats," in post-tonsillectomy care and in other painful throat conditions

Dillard's Aspergum

brings acetylsalicylic acid into *immediate and prolonged* contact with tonsillar and pharyngeal areas, including those seldom reached, even intermittently, by gargling or irrigation. In addition, areas of inflammation are laved by a copious salivary flow, and local spasticity and stiffness are relieved through the gentle muscular stimulation afforded by chewing.

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incentive for hospital and medical leaders and the general public to provide adequate hospital care for every citizen of every state."

Practically every witness at committee hearings agreed on one major point, namely: the value of the bill as a planning instrument. Said Dr. Alan Gregg of the Rockefeller Foundation: "I am enthusiastic regarding an unusual aspect of S-191. It not only provides for doing something but it provides money to find out when, why, and how to do it."

It was pretty generally agreed, too, that adequate hospital facilities would attract doctors to medically deficient areas. But criticism was directed at the bill's failure to provide Federal financial aid for maintenance and operation. "That doesn't add up," commented a hospital administrator. "If people are too poor to build a hospital they'll probably be too poor to run one." The American Hospital Association however, was willing to depend on the expansion of Blue Cross and voluntary medical prepayment plans to provide sufficient funds for

the new institutions.

Emphasized at the hearings was the relationship of the hospital to large social, political, and economic questions. Said Dr. Frederick D. Mott, chief medical officer of the Farm Security Administration:

"Planning incidental to the program will inevitably affect patterns of service, training, post-graduate education, and professional practice for many years to come."

While most witnesses called for an active Federal advisory council, they differed considerably on just how strong it should be. Some proposed veto power over the Surgeon General. Others thought it dangerous to tie his hands; success of the program, they believed, would require an administrator with sufficient authority to get things done.

As to the advisory council, the AMA thought that doctors should predominate; hospital organizations favored their own administrators.

The committee listened patiently, then prepared to draft its own recommendations.—RUSSELL CHRISTIAN

Is the Physician Vulnerable in Artificial Insemination?

Since there are no statutes regulating artificial insemination with donated semen, and only one judicial precedent, how can the doctor who is asked to arrange such impregnation protect himself from possible legal involvement?

These precautionary steps are recommended:

Let the physician (1) Obtain the

written consent of both husband and wife, as well as a signed release (prepared by legal counsel) relieving him of all liability. (2) See to it that neither the donor nor the married couple will ever be able to identify the other. (3) Examine the prospective donor for mental, physical, and moral soundness, with particular attention to heredity.

(4) Take due cognizance of civil and canonical laws establishing the degree of consanguinity which makes marriages incestuous. (5) Require the husband's presence at the insemination.

Failing any of these precautions, the physician should decline to act in an artificial insemination donor (AID) case.

Consent of both parties is essential. If the husband withholds his, a court might hold the impregnation adulterous. Witness this Canadian case:

Marriage had not been consummated, and the wife complained of severe pain (diagnosed as due to retroflexed uterus). Physician informed her that the condition could be corrected by childbirth—with conception accomplished by artificial insemination. When husband refused his consent, wife accepted a male friend's semen. Later, a court ruled that the use of a syringe to impregnate a woman with the

semen of a man not her husband, and without the husband's consent, constituted adultery.

In the event of a wife's refusal to consent, no prudent physician would proceed, for an attempt at artificial insemination then might be adjudged rape—even if pregnancy did not result.

What about the legal status of a child conceived through AID? Probably a court would declare him legitimate—despite the present legal definition of a bastard as a child "whose father is not the husband of the mother." There are three reasons for this assumption:

(1) If a husband had given his consent, he could not successfully allege invasion of his marital rights. (2) Where a wife commits adultery with her husband's consent, the issue is considered to be adopted by the husband. And (3) by marrying a woman he knows to be pregnant, a man legally adopts her child.

—M. M. BOOXBAUM, M.D., LL.B.

POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad up to four lines (about 24 words). The publishers reserve the right to reject any ad submitted and to limit the number of appearances. If you are eligible for this service and want a blank on which to submit an ad, address Medical Economics, Inc., Rutherford, N.J.



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Darthronol is an outgrowth of the newer knowledge of arthritis, of the multiphasic systemic nature of the disease. It is designed to combat not merely the articular involvement but the almost invariably encountered systemic disturbances—anorexia, loss of weight, anemia, affections of the gastrointestinal and hepatobiliary tracts, impaired carbohydrate metabolism, etc. For this purpose Dartthronol combines, in a single capsule, massive dosage of vitamin D₂ and adequate potencies of the other eight vitamins concerned with the functional capacity of numerous organs and the integrity of vital processes affected in arthritis. An added advantage is that the amounts of each vitamin in the capsule are automatically increased in a constant ratio, when severity of the disease demands more intensive therapy with vitamin D₂.

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Sidelights

If you like guessing, take a quick stab at this: How many governmental agencies—national, state, county and local—do you think are now operating in the United States? Make your guess good and high—and it still probably won't approach the figure announced recently by the Bureau of the Census; for that agency tells us that there are upward of 155,000.

How many employees? Roughly, 6,500,000—of whom 3,335,000 are on the Federal payroll. Fortunately, not all the latter are Washington swivel-chair occupants, for the figure includes shipyard workers, postmen, and many another large group not in the directive-issuing and pencil-pushing categories. Even so, Washington is hardly a hamlet—and there are those who believe that bureaucracy is still in its infancy. God help us if it ever reaches puberty.



It seems to us that the American public has been inadequately informed about the medical profession's contribution to the war effort. People know, of course, that "a great many" doctors have gone into the armed forces; but few realize that the recruitment of these 55,000 medical officers was accomplished wholly by voluntary means.

Some think all service doctors were drafted. Even some of the Army's own combat officers have

this impression. And it has become quite common to hear otherwise well-informed persons say that physicians were "procured and assigned" to the armed forces. Little do they realize that the Procurement and Assignment Service is simply an advisory body, and not a sort of selective service board.

Our public relations committee could afford to explode this fallacy. Let them emphasize the fact that medicine's part in winning the war has been neither slight nor compulsory.



Radio comedians who have fried the 4-F to a fare-thee-well may find pause in the story of Joe Rosenthal, the newspaper photographer who snapped the magnificent Iwo flag-raising picture that was published in practically every U.S. newspaper. Rosenthal wears eyeglasses which have been described as somewhat thicker than milk-bottle bottoms, but he is a most unwilling 4-Effer and has 1-A in his heart.

His principal reaction to the wide praise accorded his photograph was: "Well, if I'm good enough to get a picture like that I'm good enough to shoot a rifle."

All of which re-emphasizes the list of might-have-been 4-F's drawn up by the late Dr. Logan Clendenning, who suggested that many of the world's greatest generals would

[Turn the page]

have been rejected by draft boards. Here are some cited by Dr. Clendenning, together with the reasons why they would have been classified 4-F:

George Washington, false teeth; Bismarck, overweight; Napoleon, ulcer of the stomach; U. S. Grant, alcoholism; Julius Caesar, epilepsy; Lord Nelson, one eye, one arm; Genghis Khan, paranoia; Duke of Wellington, underweight.



Impulsively our eyebrows raised on seeing the signs on the lawn of the Veterans Administration facility in West Roxbury, Mass. Their message: "Avoid short cuts."



A number of us made the mistake of condemning the original

Wagner-Murray-Dingell bill in its entirety. Yet some provisions of the measure had already become law and some were acceptable even to the conservative element in the profession. Criticism of the new Wagner-Murray proposal may well be tempered with this thought in mind, since an omnibus attack can do the profession no good.

One of the greatest problems of the medical prepayment plan is to set up a fee schedule that will be acceptable to all concerned—particularly the specialist—yet be actuarially sound.



To clear up a misunderstanding: The AMA House of Delegates has approved in principle *both* service and indemnity plans in the field of medical insurance.

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OFFICIALS of the War Manpower Commission assert that women today can capably "take over" any man's job, provided it is within their physical powers.

Menstrual aberrations, however, cause frequent absenteeism and loss of efficiency. For the symptomatic treatment of functional conditions, physicians find Ergoapiol (Smith) a highly efficient emmenagogue, in which the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of apiol, oil of savin, and oilain.

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This outstanding palatability, however, has been achieved at no sacrifice of therapeutic effectiveness. The ferrous sulfate content is unusually high (two teaspoonfuls contain 5 grains ferrous sulfate, U. S. P.).

The same qualities which make Feosol Elixir the liquid iron of choice for children make it ideal for adults, too—especially for those who object to taking tablets and capsules.

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In the face of such poor dietary practices, many doctors, to effect dietary improvement quickly, will frequently recommend extra vitamins and minerals. The Vimms formula (3 tablets) supplies full minimum requirements for all the vitamins known to be essential in the diet, and significant quantities of iron, calcium and phosphorus.

¹ *Jl. of the American Medical Association*, Feb. 27, 1943

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Medical circles agree on the *therapeutic* value of coal tar preparations for eczema and other severe, oozing skin conditions. But many physicians hesitate to prescribe coal tar because the obnoxious qualities of the *black* tar preparations make the cooperation of the patient so uncertain.

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with those of black tar explains why patients find SUPERTAH *pleasant to use*:

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Epic of the Midwest's Medical Pioneers

"The Midwest Pioneer: His Ills, Cures, and Doctors" (R. E. Banta, Crawfordsville, Ind., \$5) has been dedicated by its authors, Madge E. Pickard and R. Carlyle Buley, to "the pioneer doctor who boldly faced the wilderness and to the pioneer who bravely faced the doctor." Lewis Gannett, book reviewer of the New York Herald Tribune, calls the volume an "entertaining scrapbook" and a "gold mine of miscellaneous material on the genesis of Middle Western medicine. The authors have dug deeply in neglected periodical literature and in forgotten medical 'books' which were little more than bound almanacs, and have come up with an amazing gallery of frontier heroes, quacks, and apostles of strange doctrines."

Among them the reviewer notes "Dr. Carter, a Virginia cobbler who married the daughter of an Indian doctress and took up the business of medication, publishing his 'Valuable Vegetable Medical Prescriptions for the Cure of All Nervous and Putrid Disorders' in 1815. This composite of Indian medicine, herbalism, advice to the lovelorn, doggerel, and dissertation on female hysterics ranked next to the family Bible in many frontier homes."

Then "there was Dr. John Richmond, who at Newton, Ohio, in 1827, with assistants holding blankets to guard the candles from winds blowing through chinks in the log cabin, performed the first Caesarean section recorded west of the Alleghanies. The patient went back to work on the twenty-fourth day."

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When You Buy a Health Insurance Policy

A few things to look for, and a few to guard against



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Yet by applying certain basic principles (see box), and by measuring any policy by the data set forth below, a doctor can avoid many of the pitfalls that beset the average buyer.

1. When should health insurance be bought?

At least by age 45 or 50. Two reasons: (1) Susceptibility to chronic illness begins to increase then. (2)

Policies increase sharply in cost at 55, and are unavailable on any worthwhile basis thereafter.

2. What type of policy is preferable?

A non-cancellable one, though only a few companies sell it. Such a policy is available only in conjunction with an equal amount of non-cancellable accident insurance.

Most health insurance policies are not of this kind; they may be terminated at the end of the period for which issued if a claim for disability

WHEN YOU BUY A HEALTH INSURANCE POLICY, REMEMBER—

- ▶ Before dropping an old policy, be sure you profit by the change. Let essential coverage—rather than price or “features”—guide you in reaching a decision.
- ▶ Never accept a policy that pays only for “stated illnesses.” Such contracts often exclude the most common ailments.
- ▶ Don’t measure the liberality of a policy by a claim that it “pays from the first day of illness.” Premium rates are much lower for those in which benefits are waived for the first seven or fourteen days of an illness (whose cost the physician can usually meet without great difficulty anyway).
- ▶ If in doubt about a company, write the insurance commissioner of your state for an opinion concerning it.
- ▶ It is more economical to have no insurance at all than a contract full of loopholes.



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IN ARTHRITIS, subjective relief is the immediate goal, with prevention of further joint damage the long range objective.

Comroe's report of a controlled study¹ on sulfur therapy in arthritis states, "Several of these patients noted such marked relief of pain following the intramuscular injections, that repeated courses of treatment were demanded by the patient." Actually 20% with rheumatoid arthritis showed marked improvements, joint swellings disappeared and mobility of joints increased. In 30% there was definite objective improvement; another 30% noted marked to moderate subjective improvement.

Sulphocol, one of the parenteral forms of colloidal sulfur used in this study, offers all the advantages of colloidal sulfur therapy and in addition improves the general defensive mechanism of the body. Its safety has been amply proved. Write for professional literature. The National Drug Co., Dept. I, Phila. 44, Pa.

1. Comroe, B. L.: *Medicine* 28:235, 1939.

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(COLLOIDAL SULFUR COMPOUND)



AVAILABLE:

For oral use: Sulphocol 5 grain capsules, bottles of 100.

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at all drug stores**

seems likely to recur. But a non-cancellable contract remains in force to a stipulated age (usually 60, 65, or 70), so the physician is assured continuity of income during long periods of disability.

Most cancellable policies give little protection against recurrent short illness (e.g., hay fever), since the company may cancel after paying for one disability, or attach a rider excluding future benefits for the illness. Non-cancellable coverage, on the other hand, pays for periods ranging all the way from sixty-five weeks to ten years (at varying costs, naturally).

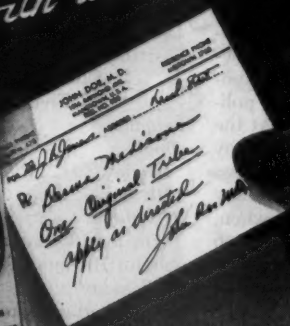
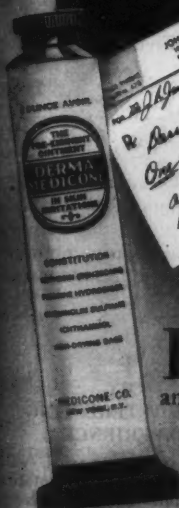
Many health insurance contracts are able to masquerade as non-cancellable merely because they cannot be cancelled by the company *during the period for which the premium has been accepted*. The company, however, reserves the right not to renew after that; so such contracts are little better than the frankly cancellable ones.

It should be noted that a number of fly-by-night companies offer "non-cancellable" policies on a "lifetime" basis. However, such contracts carry joker restrictions—usually printed in small type—which provide, for example, that a claimant with chronic retinitis be "continuously confined within the house," and be "necessarily attended by a physician other than himself at least once every seven days." Such house-confinement clauses should be stringently avoided.

Unfortunately, no reliable company now offers noncancellable health insurance on a lifetime basis. Fairly well rounded coverage is available, however, up to age 55.

The only other way to buy lifetime health insurance is in conjunc-

with utmost Confidence
IN PRURITUS ANI.
'VULVAE ET SCROTI



DERMA MEDICONE has a wide field of usefulness in all painful and pruriginous skin affections, as in:

Pruritus ani, vulvae et scroti:

Eczematous conditions in which pruritus is the predominant complaint:

Acute itching caused by poison ivy or sumac:

Minor irritations resulting from insect bites, prickly heat, sun-burn and the like.

1 OZ. TUBE—\$1.00—AT ALL DRUGGISTS.

MEDICONE COMPANY • 225 VARICK ST., NEW YORK 14, N.Y.

DERMA MEDICONE

tion with life insurance. It is issued in the ratio of \$10 monthly benefit for each \$1,000 of life coverage. Benefits are payable for life after four months of sickness—provided the disability occurs before age 60.

A word here about the so-called non-cancellable health-and-accident coverage offered through county medical societies. This group insurance costs less than individual coverage, but it also offers less. Its non-cancellability is limited to the policy term (usually one year). At the end of the term either the company or the group may refuse to renew. Thus, the individual physician may lose his insurance at a time when, because of age or ill health, he is no longer insurable.

3. How much health insurance should a physician buy?

Enough to provide a benefit equal to the sum of his domestic and professional expenses. A doctor's actual loss, while incapacitated, is money consumed by overhead; this he cannot escape. His net income can temporarily be relinquished. Accepting that theory, a man may buy adequate indemnity reasonably.

4. How much should health insurance cost?

The buyer must expect to pay more for a valid non-cancellable policy than he would for a cancellable one. But a doctor can often cut corners by choosing a policy devoid of some of the benefits a layman might need—e.g., surgical fees, etc.

The following tables show bene-

fits and approximate premiums of non-cancellable policies purchased in conjunction with non-cancellable accident insurance at age 50:

\$200 Monthly for Two Years

Benefits	Yearly Premium
Begin	
1st day	\$146
15th day	122
31st day	110

\$200 Monthly for Five Years

Benefits	Yearly Premium
Begin	
1st day	\$174
15th day	150
31st day	138

For a \$200 monthly benefit payable for 100 months (eight and one-third years) from the 91st day of sickness, the yearly premium is about \$200. —W. CLIFFORD KLEIN

'MY MOST INTERESTING EXPERIENCE'

1 MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request. Address Medical Economics, Rutherford, N.J.

BURNHAM SOLUBLE IODINE

Old enough to be proved, yet modern enough to be in step with therapeutic trends of the moment.

Send for sample and literature

Burnham Soluble Iodine Co., Aubersdale 66, Boston, Mass.

Patients feel blue
when you ask them to chew?



Often patients "skip" eating foods that require chewing. They forget that teeth and gums need *daily exercise*!

Remind them that delicious, nutritious Nabisco Shredded Wheat at breakfast will provide good, crunchy food they need for *functional chewing*.

Tell them how teeth move—ever so slightly—in their sockets, "massaging" gums, stimulating local circulation.

You'll find Nabisco Shredded Wheat, the original Niagara Falls product, will be patients' first choice for *chewing fun and flavor, too*.



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NATIONAL
BISCUIT
COMPANY

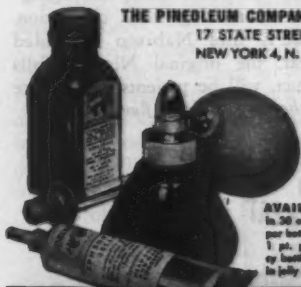
PROTECTED

SYMPTOMATIC RELIEF
IN POLLEN ALLERGY

Physicians employing **Pineoleum** in symptomatic treatment of pollinosis, utilize the added advantage of "protecting" the vasoconstrictive action of ephedrine with a soothing petrolatum film . . . thus minimizing the possibilities of further irritation. When prolonged shrinkage without "after-congestion" becomes either the primary or the secondary therapeutic objective in allergic rhinitis and edema of the nasal mucosa—use **Pineoleum** with Ephedrine.

Pineoleum with Ephedrine incorporates ephedrine (.50%), camphor (.50%), menthol (.50%), eucalyptus oil (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly-refined liquid petrolatum.

THE PINEOLEUM COMPANY
17 STATE STREET
NEW YORK 4, N. Y.



AVAILABLE
in 30 cc. drop-
per bottles and
1 pt. phar-
macy
bottles also
in jelly form.

PINEOLEUM
WITH EPHEDRINE

Speaking Frankly

[Continued from page 30]

ciple has lost none of its validity.

If anyone is inclined to minimize its importance, he has but to follow the course of the controversy that has persisted between hospital service plans and the organized medical profession over the inclusion of certain medical services as a part of medical care. For ten long years, county, state, and national medical organizations have insistently demanded that radiology and pathology be excluded from Blue Cross benefits. Everyone knows that the reaction of hospitals has been one of polite indifference.

The Wagner-Murray-Dingell bill authorizes Surgeon General Parran of the USPHS to "negotiate agreements . . . with private agencies or institutions . . . to utilize their services and facilities . . ." The Surgeon General has already expressed the view that this would include Blue Cross plans. It would also permit medical plans operated by medical societies to enter into contracts for rendering services to beneficiaries.

Does this not offer sufficient reason for medical societies to set up their own plans for prepaid care?

I have attempted to present a point of view which I think carries profound consideration for American medicine. I have not said that voluntary plans will be superseded by a compulsory system. I honestly do not believe they will be. But in these dynamic times we have extra reason to be vigilant.

Mac F. Cahal, J.D.

Executive Secretary
Amer. Coll. of Radiology
Chicago, Ill.

WHY **PRAGMASUL** IS

A SIGNIFICANT ADVANCE OVER THE USUAL SULFATHIAZOLE OINTMENTS

1 Pragmasul contains S. K. F.'s MICRAFORM¹ CRYSTALS OF SULFATHIAZOLE—approximately 1/1000 the mass of ordinary crystals. As a result, Pragmasul offers: (1) Enhanced therapeutic effect. (2) Lessened possibility of irritation. (3) Exceptional smoothness.

2 In Pragmasul's SPECIAL OIL-IN-WATER EMULSION BASE, the sulfathiazole crystals are not imprisoned in grease or oil, but are suspended in a continuous aqueous medium. Thus they pass freely into the aqueous serous exudate, ensuring intimate and prolonged contact with infected tissue.

Indicated, both in dermatology and in minor surgery, when pyogenic infection is present or suspected.

PRAGMASUL

**MICRAFORM SULFATHIAZOLE
OINTMENT**

Pragmasul contains Microform sulfathiazole, 5%.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

IN PYLOROSPASM, DYSMENORRHEA

Donnatal

... a prescription that—

—has all the advantages of natural
YET

—provides for effective

—afford

AVAILABLE in bottles of 100 tablets.
CONTAINS: Each tablet contains methy-
lene blue, which is present in approxi-
mately 2 mg. in tablets. Methy-
lene blue, and semisynthetic, plus
a. p. phenolamine.



D O N N A T A L • T H E D E P E N D A B L E

belladonna alkaloids
SIGNIFICANTLY NON-TOXIC
sedation as well
YET IS ENTIRELY NON-NARCOTIC
marked pharmacologic potency
YET COSTS LESS

D O N N A T A L

For smoother spasmolysis, Donnatal provides accurately pre-determined quantities of *belladonna alkaloids*, equal to approximately 5 min. tincture of belladonna . . . plus $\frac{1}{4}$ gr. *phenobarbital*, for control of the psychogenetic factor so frequently of etiologic significance in these critical days.

Its precise formula assures a reliability of action foreign to the galenicals . . . and the judicious proportioning of alkaloids minimizes any tendency to dry mouth, difficulty in swallowing or other toxic reactions typical of atropine alone. Patients appreciate the tablet convenience.

Donnatal costs about half as much as synthetic preparations — even less than tincture of belladonna and elixir of phenobarbital! Why not try it?

A. H. ROBINS COMPANY, INC., RICHMOND, VA.

**PERCENTAGES OF DOCTORS WHO
DISPENSED—IN WHOLE OR
IN PART—IN RECENT YEARS**



Physicians' Dispensing Habits

The Fifth MEDICAL ECONOMICS Survey discloses that 55 per cent of active, non-salaried, U.S. physicians in 1943 made a practice of dispensing all or part of their medicines. These men, on the average, distributed 52 per cent of their drugs in this fashion. Dispensing, however, is on the decline; and the decline is accelerating. This falling off (see chart) was greater

**PERCENTAGE OF DOCTORS'
WHO DISPENSE & PERCENTAGE
OF MEDICINE DISPENSED,¹
BY SIZE OF COMMUNITY, 1943**

Population of Community	Doctors Dispensing	Medicine Dispensed ²
All communities ..	55%	52%
Under 3,000	82%	76%
3,000-4,999	81	62
5,000-9,999	67	59
10,000-24,999	64	47
25,000-49,999	54	42
50,000-99,999	46	42
100,000-499,999	43	44
500,000 & up	36	34

¹Active, non-salaried physicians; the returns of salaried men (i.e., physicians who received more than 50 per cent of income in the form of salary) have been excluded from this survey report.

²By physicians who do any dispensing.

in the four-year period after 1939 than in the entire decade before that. Doctors who dispensed all their drugs in 1943 numbered only 5 in every 100. ¶ Physicians with predominantly agricultural practices dispensed almost twice as much medicine (67%) as men with white-collar practices (34%). Doctors in industrial areas dispensed, on the average, 48 per cent of their drugs. These differences resulted, no doubt, from external circumstances, (e.g., the inaccessibility of pharmacies in many rural areas). ¶ Additional survey findings are revealed in another article in this issue.

How Long is a good night's sleep?



Four? Eight? Sixteen hours? Eight hours most closely approximate the requirements for normal physiological recuperation. Ipral functions within this range. Given one hour before retiring, Ipral will carry the patient through a full night's sleep, unlike the shorter-acting hyp-

notics whose effects wear off quickly. Ipral will then permit the patient to wake up in the morning generally calm and refreshed, free from the lassitude of longer-acting hypnotics. Ipral Calcium (calcium ethylisopropyl barbiturate Squibb) in 2-grain unidentifiable tablets.

SQUIBB

Ipral
TRADEMARK CALCIUM

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1853

Nutritive Prophylaxis During Pregnancy



Even in normal times, a diet fortified with calcium, phosphorus and vitamin D is essential to the expectant (and lactating) mother. But in these days of increased rationing and food shortages, many physicians agree that such nutritive prophylaxis

is vital. Two capsules of Squibb Dicalcium Phosphate Compound with Viosterol, three times daily, supply a total of 7.8 grains of calcium (about one-half the daily requirement)—and an adequate amount of vitamin D to assure its utilization.

Dicalcium Phosphate Compound
WITH VIOSTEROL
SQUIBB

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

ease the strain on the Hypertensive Heart...

GRADUAL, PROLONGED
VASODILATION

WITH

NITRANITOL

BRAND OF MANNITOL HEXANITRATE



By inducing smooth, gradual reduction of pressure over an extended period, Nitranitol eases the burden on the hypertensive heart, thus preventing arterial damage that results from continued, unrelieved hypertension—or which is likely to follow sharp fluctuations in pressure.

Nitranitol has a slow-developing, steady, prolonged vaso-relaxing power—its effect lasts—

1½ times as long as erythrityl tetranitrate

4 times as long as sodium nitrite

12 times as long as glyceryl nitrate

Nitranitol is nontoxic and safe for clinical use over long periods of time.

Supplied in the form of scored tablets containing ½ gr. mannitol hexanitrate. Available at prescription pharmacies in bottles of 100 and 1000.

Sedation Combined with
Hypotensive Action

NITRANITOL

Brand of Mannitol Hexanitrate

with **PHENOBARBITAL**

Each scored tablet contains
½ gr. mannitol hexanitrate
and ¼ gr. phenobarbital.

Bottles of 100 and 1000

MERRELL

Trademark "Nitranitol"
Reg. U. S. Pat. Off.

THE W. A. MERRELL COMPANY

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"PLUS FACTORS"

in **FOILLE** TREATMENT of BURNS

PHYSICALLY

Foille is adapted completely to the Pressure Dressing Technic where physician elects to employ this method. Also, in addition

CHEMICALLY

consider these vital "Plus Factors" whereby Foille

- (a) Consistently avoids sepsis
- (b) Markedly controls pain
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FOILLE EMULSION 5 gallons, gallons, quarts,
pints, 4-oz., 2-oz. bottles.

FOILLE OINTMENT stable, petrolatum-vegetable oil
base—6 pound, 1 pound jars.

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See the simple new **HYGEIA** feeding technique



Nipples, bottles, and caps should be assembled after sterilizing—and not handled again until feeding time.

NEW COMPLETE PACKAGE!

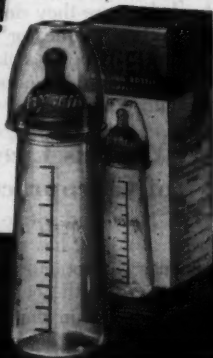
Hygeia ads in 34 national magazines say,

"CONSULT YOUR DOCTOR REGULARLY!"

All leading druggists now carry our new complete package containing a Hygeia Nursing Bottle, Nipple, and Cap. Sample free to Doctors on request. Hygeia Nursing Bottle Co., Inc., Buffalo 9, New York.

HYGEIA NURSING BOTTLES NIPPLES WITH CAPS

Sold complete as illustrated, or parts separately



The Newsvane

Sees Federal Medicine Curbing Hospitals

"Most of the objections to socialization have been voiced by specialists and doctors in the higher income brackets," a physician recently told readers of the Norfolk (Mass.) Medical News. "Two advantages," he said, "have been overlooked:

"First, socialization would tend to increase and stabilize the income of general practitioners when this artificial boom is over. Second, hospitals now supported mainly or in part by public contributions, and which adhere strictly to the closed-staff policy, could not possibly maintain that practice if supervised by a public agency. Those hospitals which now refuse appointments or courtesy privileges to graduates of approved medical schools because they do not belong to a certain clique, or which bar qualified Negro physicians, would be compelled to abandon their discriminatory methods.

N.Y. Bans Licensing of Chiropractors

The New York State Assembly, a vote of 43-96, has rejected a bill to license chiropractors, closing another round in the cult's long fight for legalization in that state. Testifying at committee hearings, Dr. Herbert H. Bauckus, president of

the New York State Medical Society, had described the bill as "a raid on the medical practice act."

Seek EMIC Aid for Veterans' Wives

The CIO has asked Congress to extend the Emergency Maternity and Infant Care program to cover wives, widows, and infants of war veterans. Philip Murray, CIO president, declares that most veterans will not be able to pay the costs of adequate medical care for at least two years after their discharge, and that many of them plan on raising families. According to Mr. Murray, the program should also be widened to cover enlisted men in the upper three grades (those above the rank of line sergeant), since "limitation of benefits to the lower four grades is working a hardship on many families."

Advisory Service for Lone N.Y. Mothers

An advisory service for young mothers whose husbands are in service has been inaugurated by the New York Academy of Medicine. Busy practitioners may refer inquiries to it from young women who are strangers in New York and isolated from those who might ordinarily advise them. Dr. Myrtle B. McGraw, psychologist and child

[Continued on page 108]



"suddenly...life was worth living"

In depressed patients, Benzedrine Sulfate is virtually unique in its ability to banish apathy, subjective weakness, and despondency... to restore mental alertness, enthusiasm and the capacity for work... to increase the sense of energy... and to reawaken the zest for living.

The quotation which heads this page provides, out of the author's own experience, striking testimony to the dramatic value of Benzedrine Sulfate in the relief of simple depression, with its associated symptoms of anhedonia, chronic fatigue and retardation.

**Reiter, P. J., Experience with Benzedrine, Ugeskr. f. Læger, 99:459-460, 1937.*



BENZEDRINE SULFATE TABLETS

Racemic amphetamine sulfate, S. K. F.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



But there's nothing else like a Guinness

BEFORE MEALS—The brisk tangy flavour of Guinness Stout revives interest in food. Guinness aids digestion, too.

FOR NOURISHMENT—Guinness has a higher content of nutritive solids than most malt beverages. Neither pasteurized nor filtered, retains active yeasts—helps maintain Vitamin B₁ and C quotas.

AT BEDTIME—Guinness induces natural rest without the harmful after-effects of most hypnotics.

IF you're feeling weary, doctor—overworked or rundown—why not try friendly, cheering Guinness Stout

to help relieve the strain? Life is brighter after Guinness! Enjoy Guinness either straight or added to beer (Half-and-Half). Nothing else like it.

New York biochemists' reports on Guinness will be sent to doctors if requested on professional letterheads.

Write to: American Correspondent, A. Guinness Sons & Co., Ltd., Dept. ME 351, 501 Fifth Ave., New York 17, N. Y. (Edward & John Burke, Ltd., Long Island City 1, N. Y., Sole U. S. Distributors.)

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GUINNESS IS GOOD FOR YOU

► Brewed in Dublin since 1759. Before long Guinness will again be available here, but now few retailers have stocks because of export restrictions and war demands.

**NEW! High potency
B complex
BEPADIN CAPSULES
with Vitamin C!**



LOOK FOR THIS NEW 2-COLOR CAPSULE!

A LITTLE OVER A YEAR AGO Bepadin Capsules I. V. C. were introduced. That they represented a real improvement in high potency Vitamin B complex therapy is proven by the alacrity with which the medical profession has prescribed them!

NOW, VITAMIN C HAS BEEN ADDED—75 mg. per Bepadin capsule plus higher quantities of the B complex factors!

Bepadin Capsules with C, I. V. C. contain two of the most important sources of the complete natural Vitamin B complex, contained in liver concentrate and yeast. In addition each capsule contains Vitamin B₁ (2 mg. Thiamine HCL); Vitamin B₂ (G) (3 mg. Riboflavin); PP (20 mg. Niacin Amide), Vitamin B₆ (0.333 mg. Pyridoxine HCL); FF (0.250 mg. Pantothenic Acid)

Bepadin Capsules
REG. U. S. PAT. OFF.

WITH VITAMIN C



INTERNATIONAL VITAMIN CORPORATION

REG. U. S. PAT. OFF.

consultant, asked the academy to inaugurate the service, because she has found many such girls completely bewildered about the care of their infants.

Veteran Assistance Fund Set Up

A loan fund for demobilized medical officers, to help them meet the cost of equipment, books, post-graduate study, resumption of practice, etc., has been established by the Pennsylvania Medical Society. Financed by contributions of civilian doctors, made through their county medical societies, the fund will be administered until such time as there is no longer need for it, when it will be redistributed among the county societies. Only one-tenth will be retained by the state association for an indefinite time to help medical veterans meet catastrophic needs.

Bill Would Authorize Dental Research

Enactment of a current Senate bill authorizing a national institute of dental research would be "a constructive beginning of a national program for dental health," believes

the Journal of the American Dental Association, and the Pennsylvania State Dental Journal meanwhile points out that "through education by personal contact with the profession the problems of dentistry can permeate even into the Congress of the United States."

The bill in question, introduced by Senator James E. Murray (D., Mont.), co-sponsor of the Wagner-Murray-Dingell bill, would establish the new institute under the direction of the Surgeon General of the U.S. Public Health Service, giving him \$1,000,000 for construction and equipment, and \$730,000 a year to aid research, provide fellowships, and make grants-in-aid to universities and other institutions.

Medical Foundation for Northwest

A plan to establish a medical research foundation in Seattle, Wash.—"the first of its kind west of the Mississippi"—was being implemented a month ago, although no formal drive for funds was contemplated by the King County hospital system, the foundation's sponsor. Dr. A. J. Hockett, director of the system, revealed that he envisaged

[Continued on page 114]

*PRURITUS—due to Inry Poisoning, Sun-
burn, Insect Bites, Herpes (cold sores) and
Localized vesicular areas—*

relieve with CALAMATUM

Soothing, healing cream of Calamine, Zinc
Oxide, Campho-Phenol. Ethically distributed.

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Physician's Sample on Request: TAILBY-NASON COMPANY, BOSTON 42, MASS.

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SAFE GUIDANCE

Essential hypertension is on the increase in our civilization today. The exact etiology of this condition is unknown, but whether the cause be metabolic, endocrine, cardiovascular wear and tear, or emotional imbalance, careful management is always indicated.

It is generally agreed that *safe* palliation is desirable. On the other hand, *dangerous* hypotensives, such as the thiocyanates and the barbiturates, present the ever-present fear of fatal outcome.

ALLIMIN Tablets are the modern form of concentrated garlic therapy for relief of hypertension and its symptoms. Dehydrated parsley concentrate has been added as a synergistic adjuvant. A safe, efficacious palliative for high blood pressure, ALLIMIN is now widely prescribed by physicians and extensively used in hospitals for its anti-hypertensive effects.

In the majority of cases, ALLIMIN therapy relieves associated hypertensive symptoms, such as headaches, dizziness and tinnitus. In many cases, symptoms abate with gratifying promptness after instituting treatment.

Since prolonged treatment is generally indicated in hypertension, it is most important to know that ALLIMIN is free from toxic or otherwise deleterious drugs and causes no unpleasant side-reactions or undesired after-effects. It has no incompatibles and no contraindications.

ALLIMIN Tablets are enteric coated, odorless and tasteless. Each tablet contains 4.75 gr. dehydrated garlic concentrate and 2.37 gr. dehydrated parsley concentrate. The minimal dose is 2 tablets with water, t.i.d., after meals. Intermittent courses of administration, omitting every fourth day, recommended.

Advertised exclusively to the medical profession, ALLIMIN is available in packages of 60 and 250 tablets. Professional sample and pertinent literature available to physicians. Just sign and mail the coupon.

VAN PATTEN PHARMACEUTICAL CO.
500 N. Dearborn St., Chicago 10 ME-5

Please send professional sample of ALLIMIN and covering literature.

Dr. _____

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Town _____ State _____

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THE ANTI-HYPERTENSIVE
Safe
FOR LONG-CONTINUED USE

Doctors shouldn't be bothered— *by these common discomforts*



SORE, CHAPPED HANDS can be a nuisance, but just try using Noxzema! It soothes, softens the rough dryness, helps heal the tiny "cracks."



BURNING FEET. Greaseless Noxzema vanishes almost at once, doesn't stain socks; brings grand, cooling, soothing relief to tired, burning feet.



SHAVING IRRITATION. Discover Noxzema Specially Prepared for Shaving! Softens tough beard, helps protect tender skin, gives a smooth, easy shave.

SCORES GET QUICK, SOOTHING RELIEF *this easy way!*

• Medicated Noxzema has brought scores of doctors quick, soothing relief from common, externally-caused skin irritations. Try it for painful chafing, minor insect bites, too! For your information, Noxzema is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than 1/4% of Phenol in a greaseless, solidified emulsion. Its reaction is almost neutral, the pH value being 7.4.

Effective Contraception Proved by Clinical Tests

• The *Lygel* contraceptive method (using patented applicator) was prescribed for several hundred patients of a well-known Birth Control Center. *Lygel Vaginal Jelly* proved effective, both with and without the Diaphragm . . . with no pregnancies reported over the 18-month test period.

Recently 5 accredited vaginal jellies were tested under strict

laboratory control . . . In 3 sets of "mixing" tests, employing 1 part jelly with 2 or 3 parts saline and 50% semen, *Lygel Vaginal Jelly* was found to be completely efficient in spermicidal activity . . . In "contact" tests spermatozoa were immobilized on contact, even when diluted with an equal volume of saline.

The detailed reports of the tests mentioned are available to you on request.

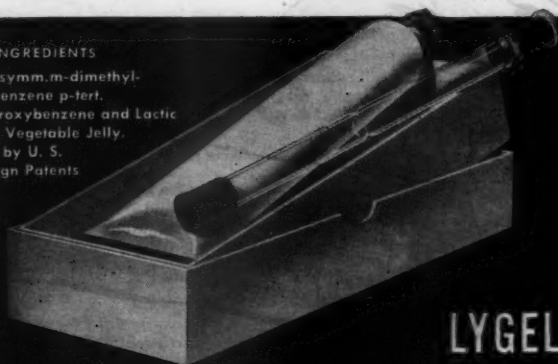
Lygel Vaginal Jelly is non-irritating and non-injurious in continued use. It is available in slip-label packaging for ethical dispensing and is promoted through the medical profession.



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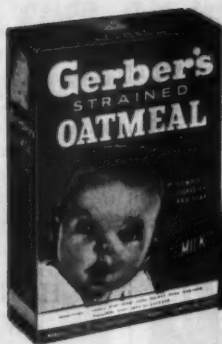
He tagged along to
get a heavenly-gentle
free cake of *SWAN*!



FREE! To give new babies a gentle start in life, we'll give a free cake of pure, mild Swan to every baby born in the U.S.A. in 1945. New mothers can send for this gift by getting a Swan Baby coupon at their grocer's and mailing it to Swan, Box 3, New York 8, N.Y.

MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.

SWAN floating soap is pure as fine Castles



AN OATMEAL FOR BABIES rich in added Iron and Thiamine* *yet priced within the reach of every mother!*

"Baby cereals of high nutritional value priced within the reach of every mother," that is the policy pioneered by the Gerber Products Company—a policy that has won the commendation of many physicians and nutritionists.

Gerber's Strained Oatmeal, as the table below shows, is rich in added iron and thiamine (derived from natural sources).

Gerber's Strained Oatmeal mixes to a smooth, uniform texture, is pleasant tasting. It has very low crude fibre content which makes it suitable as a starting cereal for infants. Pre-cooked, dried, flaked—it is ready-to-serve with the addition of milk or formula.

Many physicians have found that serving Gerber's Strained Oatmeal, alternating with Gerber's Cereal Food helps baby eat better by avoiding monotony. Gerber's Strained Oatmeal is especially useful in cases where a wheat allergy is indicated.

*IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants	0.40	6.0
One ounce Gerber's Strained Oatmeal.....	0.42	11.7
(Gerber's Strained Oatmeal: 109 Calories per ounce.)		



GERBER PRODUCTS COMPANY
Dept. 225-5, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name.....
Address.....
City..... State.....



SEVERE PAIN

Promptly Relieved by the
Oral Route

Papine solves the problem of relieving severe pain in the patient who shies from or fears hypodermic medication. Combining morphine hydrochloride and chloral hydrate in a palatable vehicle for oral administration, Papine proves effective even in such severe, persistent pain as renal colic, biliary colic, carcinomatosis. Its pain-stilling influence usually extends from 4 to 6 hours, and longer, depending on dosage. Each two teaspoonfuls provide the anodyne action of $\frac{1}{4}$ grain of morphine. Available on prescription through all pharmacies.

BATTLE & CO.

4026 Olive St.

St. Louis 8, Mo.

PAPINE
(BATTLE)

a \$5,000,000 fund to finance the foundation, but that "no more than \$500,000 should be required to get it started. We are planning no campaign for funds. A small beginning has been made by public-spirited citizens, and I feel sure that the fund will attract the attention of a great many persons over a period of years."

Held in 'Meanest War Fraud'

Dr. Abraham Freitag, 58, non-practicing Brooklyn physician, last month faced a possible prison term of more than fifty years, and fines aggregating half a million dollars, if convicted on all counts of a Federal charge that he operated "the meanest war fraud that we have had"—the diversion of 3,000,000 yards of bandage cloth to the black market at an alleged profit of \$500,000.

Freitag, described as the inventor of a bias-cut bandage and head of a small manufacturing company, was said to have obtained priorities for about 4,000,000 yards of cloth, only 1,000,000 of which he used in making bandages for the armed forces.

25,000 Hotel Employees Get Prepay Coverage

What has been described as "the first industry-wide social security plan for hotel workers" went into effect a month ago when the New York Hotel Trades Council, AFL, signed an agreement with the Associated Hospital Service (Blue Cross) and the Prudential Insurance Co. for hospitalization and sickness insurance for approximate-

Was there ever an infant cereal equal to this?



CLAPP'S INSTANT CEREAL

Pre-cooked... ready to serve

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B₁ (thiamine) and Iron, in which the diet of infants and young children may be deficient.

INGREDIENTS

Whole Wheat Meal • Malt • Dicalcium Phosphate • Corn Meal • Dried Skim Milk • Salt • Wheat Germ • Dried Brewers' Yeast • Iron Ammonium Citrate.
1 ounce of Cereal contains not less than 100 U.S.P. units vitamin B₁ and 0.16 milligrams vitamin G.

TYPICAL ANALYSIS

Carbohydrate 71.7%	Moisture 5.7%
Protein (N x 6.25) 16.0%	Calcium (Ca) 0.34%
Fat (ether extract) 1.2%	Phosphorus (P) 0.80%
Ash (total minerals) 3.8%	Iron (Fe) 0.021%
Crude Fiber 1.6%	Copper (Cu) 0.002%
	Calories per avoirdupois ounce 102.

NUTRITIONAL VALUES

$\frac{1}{2}$ -oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

INSTANT CEREAL: For infants, 60% of vitamin B₁; 18% of vitamin G. For young children, 60% of vitamin B₁; 80% of Iron; 12% of Calcium; 33% of Phosphorus.



The Council on Foods and Nutrition of the A. M. A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B₁ and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

CLAPP'S BABY CEREALS



Harold H. Clapp, Inc., Dept. 1-5
22 East 40th Street, New York 16, N. Y.

Please send me a supply of professional samples of Clapp's Instant Cereal and Clapp's Instant Oatmeal.

Name

Address

City State

ly 25,000 employees (and their families) of New York City's 133 union contract hotels. Employer-financed and union-administered, the program will cost operators more than \$1,000,000 annually.

Navy Seeking M.D.'s in 45-60 Group

A month ago the Navy announced that it was still in urgent need of 3,000 additional doctors, and had opened a top-priority procurement campaign directed at physicians in the 45-60 age group, offering them commissions as lieutenant commanders.

"The reason for this special appeal is obvious," said the director of the Office of Naval Officer Procurement, New York. "The casualty rate is increasing month by month

as the Battle of the Pacific grows in intensity. We must have more doctors."

Older physicians will be assigned to hospitals, dispensaries, and other Naval facilities ashore, the director announced. "Organic physical defects still constitute cause for rejection, but waivers will be granted by the Navy for defects which were formerly disqualifying, such as variations from specifications for height and weight, and defective vision."

Anti-Semitism Seen in Middlesex Troubles

The AMA has "conspired with certain individuals who are in control of all medical societies in Massachusetts to close the Middlesex

[Continued on page 120]

Menopause Symptoms • Senile Vaginitis • Pruritus Vulvae

*Effective
Ebo Relief with*

* Clinical reports agree that Schieffelin Benestrol satisfactorily alleviates not only menopausal vasomotor reactions but also other associated climacteric symptoms, such as headaches, joint pains, nervousness and fatigability.

Dose: Oral 2 to 3 mg. daily.

Intramuscular $\frac{1}{4}$ to 1 cc. every 4 to 7 days.

* Schieffelin Benestrol is used in relieving symptoms of senile vaginitis and associated pruritus vulvae by converting the atrophic epithelium to the adult functional type. For localized therapy in this condition Schieffelin Benestrol is available as an ellipsoid tablet for vaginal insertion.

Dose: 1 or 2 vaginal tablets inserted daily.

Schieffelin
BENESTROL

Literature and samples on request.



Schieffelin & Co.

Pharmaceutical and Research Laboratories

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XUM



For the Busy Doctor . . .

"SR" PRO-PAK . . . an inner-folded U.S.P. surgical gauze with protected sterility. Standard 5 yard length, and the economical 25 yard unit.

Every inch of PRO-PAK is covered with an overlapping wrapper to protect its sterility. The unused portion is further protected by the re-closable dispensing carton.

Order PRO-PAK and other "SR" Surgical Dressings (U.S.P.) through your Surgical Supply Dealer.

"SR" PRO-PAK gauze, inner-folded 8 ply to $4\frac{1}{2}$ " width . . . standard 5 yard length 28/24; and the economical 25 yard unit 28/24, 24/20, 20/16. Sterilized after packaging.

SURGICAL DRESSINGS DIVISION

The SEAMLESS
NEW HAVEN 3, CONN., U. S. A.

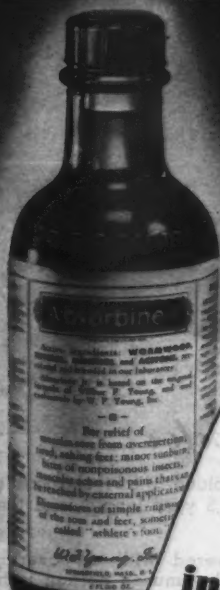


RUBBER *Company*
FINE RUBBER GOODS SINCE 1877



SUGGEST

Absorbine Jr.



**Where a
liniment
is
indicated**

for follow-up
After Office Treatment

prescribe



Tyree's
Antiseptic Powder

Tyree's is the preparation of choice in the treatment of leucorrhea, cervicitis, vaginitis, trichomonas vaginalis and other vaginal disorders; for routine hygiene, and as follow-up after office treatment. It is a powerful yet safe inhibitory antiseptic, highly efficient in removing infection and thick tenacious mucus, and can be used as an all purpose healing antiseptic solution or dusting powder, as well as douche.

J. S. TYREE, CHEMIST, INC.

Makers of Cystodyne (Tyree) used in treatment of

G. U. Infections, and Tyree's Antiseptic Powder

15TH AND H STREETS. N. E., WASHINGTON 2, D. C.

NETHACOL

Brand of Expectorant and Bronchodilator

*Cough Medication
with a Purpose*

Cough preparations depending entirely upon their palliative effect have no place in modern medical practice. The day of old-fashioned "cough syrups" is giving ground to new, modern concepts in symptomatic treatment of cough.

BRONCHODILATION IN COUGH RELIEF

Nethacol contains a new sympathomimetic amine that dilates the bronchioles without producing ephedrine-like reactions . . . together with balanced sedative-expectorants that aid in liquefying and removing congestive secretions. Pleasant tasting. Sugar-free. Should always be taken in or with a half glass of water.

Available in pints and gallons

Trademark "Nethacol" Reg. U. S. Pat. Off.

MERRELL

100 Years

THE W. M. MERRELL COMPANY

CINCINNATI, O. U. S. A.

University School of Medicine," Abe Stark, Brooklyn clothing manufacturer and president of the school's parents association, recently charged. He told a Massachusetts legislative committee that two of three members of the state approving authority were "hand-picked men, sponsored by the Massachusetts Medical Society and under orders by the AMA to see that a death certificate is signed for Middlesex. It is another and serious case of racial discrimination." Eighty-five per cent of unapproved Middlesex's medical students are Jewish.

Hospitals Prefer To Be Licensed

Nearly three-fourths of U.S. hospitals polled by Hospital Management believe that hospitals should be licensed, the magazine has reported. Voting yes were 73.7 per cent; opposed, 10.5; undecided 14; and for licensing of proprietary hospitals only, 1.8. The journal has been advocating licensure for some time.

Medical-Dental Faculty Merger Held Success

"In connection with the recent announcement of the integration of the faculties of dentistry and medicine at Columbia, it appears that there is wide misunderstanding of the change in dental education taken at Harvard in June 1940," Dr. A. Leroy Johnson, administrative officer of Harvard, recently wrote in the New York Times.

"Briefly, the Harvard plan provided a closer integration of the dental school with the schools of medicine and public health in or-



IN CONVALESCENCE

Anemia remains an important factor in retarding convalescence. The blood-destructive influence of infectious processes frequently leads to anemia. In addition, the enforced inactivity and the resulting impairment of appetite and digestive functions contribute toward the development of nutritional deficiencies.

Heptuna has been found a valuable aid in speeding recovery from infectious and other debilitating diseases. It contains, in addition to an adequate amount of highly available iron, the fat-soluble vitamins A and D, and the B complex vitamins (partly derived from liver concentrate and yeast). These vitamins not only aid in optimal iron utilization, but also improve the appetite and lessen fatigability.

J. B. ROERIG & COMPANY

536 Lake Shore Drive •• Chicago 11, Illinois



Each Capsule Contains:

FERROUS SULFATE	4.5 grains
VITAMIN A	5000 U.S.P. Units
VITAMIN B ₁ (1 mg.)	333 U.S.P. Units
VITAMIN D	500 U.S.P. Units
VITAMIN G (0.50 mg.)	500 micrograms

together with liver concentrate (vitamin fraction), derived from 4 grams of fresh liver, and dried brewers' yeast.

Heptuna

a ROERIG Preparation

der to give the dentist a broader experience in the basic health sciences. The school is now functioning efficiently on a four-year program leading to the D.M.D. degree. The first two years of the course in dentistry are identical with those for students of medicine. The last two years are devoted to training in technical and clinical problems in the dental field.

"After receiving the degree in dental medicine, the student may become a candidate for the M.D. degree by taking approximately three terms of additional work.

"The number of civilian students is below the number of fifteen originally established for each class as a result of war conditions. The school was, however, enthusiastically included by the Navy in its V-12 program. There are now twenty-five students, 70 per cent assigned by the Navy."

Makers Cut Price of Civilian Penicillin

"No sooner had the War Production Board sounded the go-ahead gong for civilian distribution of penicillin on Mar. 15 when the nation's 22 producers of the drug went into a price-cutting fight for supremacy in the field," reports Drug Trade News. Result: The market price to retailers slumped from \$2.40 to \$1.54 per 100,000 Oxford units (OPA ceiling: \$10).

"Salient considerations in the

price war that is paring profits painfully close are: 1. The greater the quantity produced, the lower the unit cost. 2. Two of the larger producers—Schenley and Commercial Solvents—are new to the pharmaceutical field. 3. Penicillin is a prestige item."

Cancer Mortality Up

The reported death rate from cancer in 1944 (129.7 per 100,000) represented an increase over 1943 (124.5) and double the 1900 rate (64), the Census Bureau has reported on the basis of a 10 per cent sampling of the causes of death in the U.S. Highest sectional rate was New England's (1943: 168.4; 1944: 168).

Malaria Invasion Held a Grave Threat

"It would be needlessly alarmist to anticipate serious difficulty from the introduction of new and sinister 'tropical diseases,'" the American Public Health Association believes. "It is good old-fashioned malaria that we must expect. And the chief source of danger will not be the known clinical case developing during service, since such a case will have had long and intensive treatment. The major menace is the man who has been kept well under repressive treatment, but who harbors the parasite and may,

[Continued on page 126]

COOPER CREME

No Finer Name in  **Contraceptives**

Active Ingredient: Sodium Oleate 0.01%
Tricymethylene 0.04%

WHITTAKER LABORATORIES, INC. **NEW YORK 19, N. Y.**

AT HOME OR AWAY

SPOT TESTS

SIMPLIFY URINALYSIS

NO TEST TUBES • NO MEASURING • NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine — color reaction occurs at once if sugar or acetone is present.

Galatest

FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (DENCO)

FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1. A LITTLE POWDER



2. A LITTLE URINE

COLOR REACTION IMMEDIATELY



A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses.

Accepted for advertising in the Journal of the A.M.A.

WRITE FOR DESCRIPTIVE LITERATURE

THE DENVER CHEMICAL MANUFACTURING COMPANY, INC.

163 Varick Street, New York 13, N. Y.

Burns need rest—undisturbed

Modern burn therapy takes into full account the need of the burn wound for REST¹ . . . undisturbed . . . an optimal condition for Nature's rebuilding, cell-regenerative process.

To "tear down," by daily dressings, the efforts of the epithelium to repair itself is no longer accepted practice.^{1,2}

As a result of experience with war burns and civilian disasters, authorities³ point to the need for prompt covering of the open burn . . . and for keeping it

covered . . . as primary considerations against infection . . . promoting healing. Plasma, of course, and chemotherapy by mouth or intravenously.

Favored dressings in modern burn surface treatment are sterile, non-adherent gauze dressings, impregnated with 'Vaseline' Petroleum Jelly. Non-adherent, non-injurious to cells . . . they can be left undisturbed for days, promoting REST for the burn.

'Vaseline' Petroleum Jelly, for covering burn surface wounds and for impregnating gauze dressings, is available at drug stores everywhere in tubes and jars. 'Vaseline' Borated Petroleum Jelly in tubes only.

'VASELINE' PETROLEUM JELLY
IS PETROLATUM U.S.P.



1. J.A.M.A. 125: 612-616 (July 1) 1944
2. J.A.M.A. 125: 536-543 (June 24) 1944
3. Ann. of Surg. 117:885 (June) 1943.

Vaseline
TRADEMARK
PETROLEUM JELLY

MADE ONLY BY CHESEBROUGH
MANUFACTURING COMPANY, CONS'D,
NEW YORK, N. Y.

A CARLOAD OF IRON!



A carload of ingot iron is commonplace; but one doesn't often see a carload of therapeutic iron.

The car pictured above contains no less than FORTY MILLION FEOSOL TABLETS, just one of our shipments to the U. S. Army.

★ ★ ★ ★

Feosol Tablets—long recognized as the standard form of iron therapy—provide maximum effectiveness at minimum cost.

FEOSOL TABLETS

For iron-deficiency anemia

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA

when treatment ceases, suffer a relapse. Such men may run into tens or hundreds of thousands by the time demobilization is completed."

V.A. Pork Barrel Is Predicted

"An ugly trend has developed involving the erection of new veterans' hospitals, which, if not checked, may repeat one of the tragic messes that followed World War I," asserts Albert Deutsch in PM, the New York newspaper. "In the years of the Veterans Bureau, political pressure rather than the needs of sick and disabled veterans often decided the location of hospitals. The corrupt bureau, under Col. Charles R. Forbes, was most amenable to political influence. As a result many hospitals were built

in the middle of nowhere."

Conceding that the present Veterans Administration is not corrupt—"though seriously defective"—the journalist declares that politicians are looking "with greedy eyes" on the half-billion-dollar appropriation authorized by Congress for hospital construction under the G.I. Bill of Rights.

'Doctor' Title Denied to Chiropractors

A plea by Wisconsin chiropractors for the right to use the title "doctor" has been rejected by the state assembly, which recently voted to "postpone indefinitely" a bill sponsored by the Wisconsin Chiropractic Association. During hearings, William C. Jacobs, described as a lobbyist for the asso-

Wanted **MEDICAL DIRECTOR**

M.D., with background of Gynecology—Commercial Experience. To aid in the preparation of advertising material, train representatives, et cetera. Good opportunity with established ethical pharmaceutical manufacturer.

Write Box No. 128, Rutherford, N.J.

about Pepto-Bismol



for stomach “upsets”

Pepto-Bismol is especially well adapted to relieve simple gastric “upset,” distress, flatulence and simple diarrhea.

It contains no alkali; nothing to further disturb the digestion. Bismuth subsalicylate, salol, zinc phenolsulfonate, methyl salicylate, in a demulcent base, apply soothing persuasion to the irritated stomach rather than the iron fist of neutralization, which often evokes a secondary acid rise.

For children and adults, when the stomach is upset.

THE NORWICH PHARMACAL COMPANY, NORWICH, NEW YORK

A  PRODUCT

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ciation, had argued that legalization of the term "doctor of chiropractic" would eliminate "professional confusion," a contention that was echoed by Assemblyman Westphal, who introduced the bill.

R.I. Disability Plan Runs Into Red

Drastic revision of Rhode Island's compulsory disability insurance program was called for last month by its administrative agency, the state unemployment compensation board. In a report to Governor J. Howard McGrath and the general assembly, the board said that while benefits totaling \$5,034,000 had been paid out in 1944, income via payroll deductions amounted to only \$4,610,000. The board confirmed earlier reports that some employees had received a greater income while ill than while working. In fact, the board said, it was possible under the law for a claimant to receive as much as \$729 in benefits during one maternity. It recommended that the benefit schedule be revised and that maximum limits be established.

"Up to now," commented the

Christian Science Monitor, "experience with this American experiment hardly entitles it to be held up as a model for widespread adoption. When the state pays wage earners for being sick, it runs into some of the frailties of human nature. Many more workers in Rhode Island have put in claims for payment than were found to be justified by medical examination. More checks have been issued during the past two Junes than in any other months, numerous employees apparently finding it handy to draw insurance money with the opening of the vacation season."

Medical Badge Marks Service During Combat

A medical badge, to be issued as a recognition of service during combat by members of the Medical Department assigned to the infantry, has been authorized by the War Department. It is of silvered metal, elliptical in shape, and bears the caduceus and the Geneva cross superimposed on a litter surrounded by oak leaves. The badge is to be worn on the left breast above decorations and service ribbons. En-

LAVORIS

For Social Confidence

Personal charm requires absolute mouth cleanliness

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DARK

SECRET

SUFFERING in silence because of a natural reluctance to reveal any abnormal rectal condition, the patient with hemorrhoids is additionally inhibited by vague fears of major surgery and "the knife." Having finally exposed his secret to the physician, the patient may frequently be spared further pain and discomfort by the adjuvant use of 'ANUSOL' Hemorrhoidal Suppositories. Providing relief through decongestion and lubrication, 'ANUSOL' Hemorrhoidal Suppositories exert their beneficial effects rapidly, putting the patient at ease and encouraging his cooperation in the continued therapeutic effort. Moreover, because they contain no anesthetic or narcotic drugs to mask the symptoms of more serious rectal pathology, 'ANUSOL' Hemorrhoidal Suppositories are safe medication.


Trademark Reg. U. S. Pat. Off.

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HEMORRHOIDAL SUPPOSITORIES



SCHERING & GLATZ, INC., a subsidiary of

WILLIAM S. WARNER & COMPANY, INC., 113 W. 18 ST., N. Y. 11, N. Y.



NUMOTIZINE

analgesic / decongestive treatment

Numotizine is indicated
in sprains, strains, contusions,
bronchitis, painful throat and
chest conditions, etc.

NUMOTIZINE, INC., 900 North Franklin Street, Chicago 10, Illinois, U. S. A.

Relief of Pain...

is of paramount importance in the treatment of rheumatoid arthritis . . . The salicylates rank first for this purpose from the standpoint of both safety and efficacy."

Full clinical advantage of the analgesic effect of salicylates with sodium iodide is made possible by prescribing—



Salici-Vess

(Buffered Salicylate-Alkali with Sodium Iodide)

The buffer alkali mechanism in association with the CO_2 effervescent factor helps protect against salicylate irritation, speeds emptying time of the stomach and hastens absorption.

Salici-Vess is supplied in convenient prescription bottles of 30 tablets.

*Short, C. I. and Bauer, W.: The Treatment of Rheumatoid Arthritis, New Eng. J. Med., 227:442-450 (Sept. 17) 1942.

AMES COMPANY, INC.
ELKHART, INDIANA

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**Baby's Safety Depends
upon
YOU!**



PAT. No. 2161658

BABEE-TENDA Safety Chair
Protects Your Baby from
SERIOUS FALLS!

After Baby is delivered it will soon need something **SAFE** to sit in. Thousands of Doctors recommend the **BABEE-TENDA Safety Chair** in place of a high chair. It cannot be pushed or pulled over and cause a serious or fatal accident. A Safety Valtor Strap prevents Baby from falling or climbing out. Therefore, you can safely recommend the **BABEE-TENDA**. Sold **ONLY** direct to consumer.

• NOT SOLD IN STORES •

THE BABEE-TENDA CORPORATION

*In line with authoritative
pharmacological reference*

ANGIER'S EMULSION

incorporates ingredients of recognized therapeutic value. Gum acacia, glycerine, high viscosity mineral oil, sodium benzoate constitute active fractions of its safe and effective formula.

In his works "A Manual of Pharmacology" Sixth Edition, 1943, Sollmann states:

"... Gum acacia and glycerine diminish the cough sensation by protecting the inflamed mucosa of the pharynx . . ."

"... the slightly irritant action of free benzoic acid has been used to promote expectoration . . ."

The safety of Angier's Emulsion for home administration carries added professional appeal.

*Leading pharmacies everywhere
can fill your prescription
promptly*

Angier Chemical Co.
Boston 34 Massachusetts

listed and officer personnel below field grade (major) are eligible to wear the badge, and it may be awarded to a regimental surgeon regardless of his rank.

New York Adoption Laws Held Inadequate

New York State adoption laws must be amended to combat racketeering in baby adoptions, Dorothy P. Coe recently told the New York Welfare Council. Miss Coe, who is chairman of the council's committee on adoptions and services to unmarried mothers, declared that all adoptions should be made through public or private agencies licensed by the state, and that black market abuses could not be ended short of changing the law.

Only one-fifth of placements in the state are now made by official and quasi-official agencies, said Miss Coe. While the other four-fifths are not necessarily black market, she added, private adoption arrangements are often harmful because they fail to consider the needs of mothers, children, and foster parents; they afford inadequate legal protection; and they result in "improper matching of similar quantities."

Michigan Gets Wider Surgical Coverage

A month ago the Michigan Medical Service, prepayment plan sponsored by the state medical society, announced an important broadening of its surgical coverage. Principal changes:

¶ The surgical maximum, formerly \$150, was extended to provide full surgical service for those con-

THE FINAL PROOF IS HERE

Curity Catgut assures the surgeon of tensile strength adequate to rigorous clinical requirements.



TENSILE STRENGTH SECOND ONLY TO STEEL

Proved by Laboratory Tests

Laboratory studies of seven suture materials reveal that the tensile strength of Curity Catgut is *second only to steel wire*.

Such a degree of tensile strength—60,000 pounds per square inch—does not occur by chance. It is assured by painstaking care in selecting and processing, and proved by repeated testing.

Only raw material which passes the most rigid inspection and tensile strength tests for straight pull and against the surgeon's knot is accepted for processing Curity Catgut Sutures.

Throughout the processing of Curity Catgut, infinite care is taken to preserve inherent tensile strength. Special machine

polishing not only prevents weakening the strand, but actually increases functional strength. Carefully controlled sterilization and meticulous handling thereafter add further protection.

Lastly, samples from each finished lot are tested again on the tensile strength machines, automatically recording the breaking point of the strand.

The final result is a strand which gives you strength at the knot and maximum functional strength. Your assurance of this is the rigorous inspections the suture must pass before it is permitted to leave our laboratories labeled "Sterile Catgut—Curity."

Black Light — Ultraviolet analysis makes possible more accurate processing, more dependable absorption.

Strength at the Knot — The result of inherent tensile strength PLUS protective machine polished surface.

Scant Inclined Plane — Tests tensile strength of the suture on straight pull and surgeon's knot.



Curity Suture Laboratories

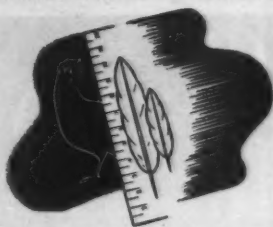


BAUER & BLACK

Division of The Kendall Company, Chicago 16

**SUTURE RESEARCH...TO ESTABLISH A FINE
BALANCE OF NECESSARY CHARACTERISTICS**





HOW LONG ARE THE FEATHERS?

Controlled experiments conducted on chicks have demonstrated that the Special Liver Fraction contained in Beta-Concemin possesses certain essential B complex factors not provided by mixtures of synthetic B vitamins alone.

BETA-CONCEMIN

Brand of Vitamin B Complex

**Contains the COMPLETE
B Complex**

Three potent, palatable dosage forms are available for your prescription:

Elixir • Tablets

Capsules with Ferrous Sulfate

Trademark "Beta-Concemin"
Reg. U. S. Pat. Off.

MERRELL

THE W. M. S. MERRELL COMPANY

CINCINNATI, O. U. S. A.

ditions requiring multiple stage operations, e.g., operative tuberculosis and cancer.

¶ **Maternity benefits:** Waiting period now applies to childbirth only and has been reduced from ten to nine months. Miscarriage, ectopic pregnancy, etc., will be covered from inception of contract.

¶ **Exclusion of benefits for self-inflicted injuries eliminated.**

¶ **Outpatient emergency service for accidental injuries added.**

Vets Want Insurance Terms Liberalized

National service life insurance, issued by the Government to members of the armed forces, was under the fire of veterans organizations a month ago on two counts: (1) The principal is not payable to the beneficiary in a lump sum, but in installments over a period of years; and (2) no benefits are paid for total permanent disability (the veteran receives a pension instead). Before Congress at the same time were a number of "corrective" bills, sponsored by the American Legion, the Veterans of Foreign Wars, and the Disabled American War Veterans.

Nazi Army Medicine Collapsed Early

News dispatches of the Nazi rout on the Western front, describing the disintegration of the Wehrmacht, confirmed earlier prognoses of Allied medical officers who took over hospitals evacuated by Germans and who found evidence there of the coming collapse of the Nazi military machine. American doctors at that time reported a shocking shortage of drugs, plasma,

Rx DESITIN OINTMENT

The External Cod-Liver Oil Therapy

USED EFFECTIVELY IN THE TREATMENT OF
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo,
Eczema, Tropical Ulcer, also in the Care of Infants

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces stabilization of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an antiphlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrisation. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

DESITIN POWDER

Indications: Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

Professional literature and samples for Physicians' trial will be gladly sent upon request.



DESITIN CHEMICAL COMPANY

70 SHIP STREET

PROVIDENCE, RHODE ISLAND

and blood. Many wounded Germans, left behind, were suffering from gangrene—almost unknown among American casualties. The German wounded proved to be a big problem for American medical officers, for their Nazi physicians either had kept no clinical records or had destroyed them as they abandoned their hospitals.

Kansas Osteopaths May Get Medical License

A recodification of the Kansas medical practice act, drawn up with the cooperation of the state medical society and placed recently before the Kansas House of Representatives, would permit any osteopath currently practicing in the state to take the examination given by the board of medical registration and examination. Those who passed would be licensed to practice medicine and surgery in Kansas but could not use the title M.D.

No Withholding Tax for Locum Tenens

A physician who substitutes for another in an emergency or during a holiday or vacation period, and is

compensated therefor by the absent man, is not an employee within the meaning of the Social Security Act, the Internal Revenue Bureau of the Treasury Department has decided. Consequently, the locum tenens need not register with the Social Security Board, nor should the man he has relieved make any withholding tax deductions.

The decision ends a practice by internal revenue agents, in some sections, of canvassing doctors to ascertain if they have been making tax deductions on compensation in such cases.

Protest Narrower Wave Band for Diathermy

The Federal Communications Commission was urged a month ago to reconsider its proposal of a narrower band in the radio spectrum for the operation of diathermy machines, an allocation which was described as "prohibitively narrow" by A. W. Mathis, representing the American Surgical Trade Association. Other witnesses told the commission that the new band limitation would make practically all present diathermy machines obsolete, and would necessitate the purchase of crystal-control models that



CYSTOGEN

the dependable urinary antiseptic

Rapid in action and definitely antiseptic, Cystogen is indicated in most non-tuberculous infections of the urinary system. Liberating a dilute solution of formaldehyde in the urinary tract, Cystogen clarifies fetid, turbid urine; eases renal and vesical discomforts; moderates tenesmus and urinary urgency. Well-tolerated, may be prescribed for protracted treatment. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient.

CYSTOGEN CHEMICAL CO. 190 BALDWIN AVE. JERSEY CITY, N. J.



Acetylation of sulfantimide in the preparation of **SULAMYD** (Sulfacetamide-Eschering) differs essentially from that occurring within the liver and results not only in a compound of lower toxicity, but one of enhanced therapeutic effectiveness.

SULAMYD is a readily absorbed, easily excreted, rapidly acting bacteriostatic drug for the treatment of urinary tract infections, especially those due to *E. coli* strain organisms which is most frequently responsible.

SULAMYD is available in tablets of 500 and 1,000 mg. (17 grains) in bottles of 100 and 1,000 and as a powder in bottles of 500 mg. for the preparation of laboratory standards.



ESCHERING CORPORATION • EDISONVILLE, NEW JERSEY

Circle 10 on Reader Service Card

Copyright © Eschering Corporation

are twice as expensive.

It was also suggested that the commission, whatever its decision, allow a grace period—preferably of five years—for the continued use of old-type diathermy machines.

Society to Coordinate Cancer Research

As its drive for \$5,000,000 got under way last month, the American Cancer Society announced it was organizing a national program of research designed to utilize "the best minds" in the field of cancer. Officials, recalling that cancer research had heretofore been carried on in a few institutions with relatively limited financial resources, and by investigators working under short-term grants-in-aid, held "high hopes" that the coordinated program would greatly increase knowledge about the disease and lead to the development of improved methods of prevention, early diagnosis, and therapy.

The first drive for \$5,000,000 will be followed by others on an annual basis.

The society has placed its scientific program in the hands of a committee of five: Prof. Charles B. Huggins, University of Chicago; Dr. C.

C. Little, geneticist and managing director of the American Cancer Society; Dr. James B. Murphy, head of the cancer division, Rockefeller Institute; Dr. C. P. Rhoads, director, Memorial Hospital, New York; and Dr. Florence R. Sabin, Rockefeller Institute. Rear Admiral Charles S. Stephenson, USN, Ret., is executive secretary.

The committee announced these "guiding principles" for the program:

"Broad contact with individual investigators for initial recommendations; coordination of these recommendations; criticism and suggestions by an outside, independent national body; long-time support of worthy projects; the establishment of continuing economic security for individuals over a long period of specialized research; recommendations for fellowships from centers of recognized investigation."

Bill Would Shear FTC of Ad Controls

The Federal Trade Commission would have much of its authority over pharmaceutical manufacturers curbed under the terms of a bill recently introduced in the House by

[Continued on page 142]

EFFECTIVE MUCOUS SOLVENT



Wherever a mucous detergent is required for regular cleansing of sensitive membranes MU-COL has been found effective, and trustworthy from every viewpoint. It is a balanced saline-alkaline bacteriostatic with special cooling and soothing properties, containing no poisonous or corrosive ingredients. Write for information on clinical experience. Samples, though limited by war, sent on request.

Dept. ME-55

THE MU-COL CO.

Buffalo-3, N.Y.

"MOIST HEAT"

FOR

PAIN, SWELLING SORENESS

In the treatment of boils or other localized infections where "Moist Heat" is indicated, the "Moist Heat" of ANTIPHLOGISTINE helps relieve pain, swelling, and soreness.

Applied comfortably hot, ANTIPHLOGISTINE supplies "Moist Heat" for several hours. ANTIPHLOGISTINE may be used with chemotherapy.

The "Moist Heat" of ANTIPHLOGISTINE is also effective in relieving the pain and swelling of a sprain, bruise or similar injury or condition.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

THE DENVER CHEMICAL MFG. CO., INC.
New York 13, N. Y.





IN THE ELECTRO-MEDICAL FIELD

Good news travels fast... and professional testimony to the outstanding performance of the Birtcher-built **HYFRECATOR** is bringing queries from the far corners of the globe.

Rapid, sure, uncomplicated by before and after treatment, remarkably low in discomfort for the patient, and so adaptable that resourceful doctors daily find new variations of its 33 listed techniques, this "mighty midget" is enabling general practitioners and specialists in E. E. N. & T., dermatology, proctology, gynecology and urology to set new records of efficient professional service.

You, too, can enjoy the advantages of Hyfrecation in your practice. Mail the coupon for the Free Booklet, "Symposium on Electrodesiccation." Fully illustrated.

THE BIRTCHER CORP., Dept. R
Los Angeles 32.

*Send me Free booklet "Symposium
on Electrodesiccation"*

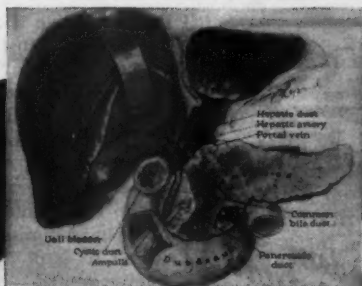
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BIRTCHER
Corporation

LOS ANGELES 32. CALIFORNIA



New Clinical Studies in Hepato-Biliary Dysfunction

*In a careful clinical study
of more than 500 patients,
the authors* report*

"SORPARIN was found to be most effective clinically with those patients suffering from liver disease, primary or secondary. The specific conditions

included hepatitis with and without jaundice, chronic cholecystitis with and without stone, cirrhosis, post-surgical biliary states, diabetes mellitus, Banti's syndrome and chronic passive congestion of the liver . . .

"The extract (Sorparin) was shown to improve glucose tolerance . . . in hepatic disease." Dyspeptic symptoms were usually dispelled.

" . . . the extract (Sorparin) was absorbed from the intestinal tract in the absence of bile.

" . . . no instances of toxicity . . . were found."

SORPARIN

(Ext. *Sorbus aucuparia* McNeil)

*Supplied in tablets each containing 3 gr.
Sorparin. Bottles of 100, 500 and 1000.*

*DeLor, C. J. and Means, J. W.: Clinical Studies on the Berry of *Sorbus Aucuparia*, Rev. Gastroenterol., 11:319-327 (Sept-Oct) 1944.

McNeil Laboratories
INCORPORATED
PHILADELPHIA • PENNSYLVANIA



**Tandem
Action**

IN IRON-DEFICIENCY ANEMIA

Therapeutic "teamwork" is provided by this rational prescription, specifically designed for treatment of iron-deficiency anemias.

THYDRON

Brand of Hematinic and Tonic

Simultaneously with the hematinic action of ferrous iron, vitamin B₁ acts to stimulate flagging appetite, improve digestion and assimilation, and thereby hasten hemoglobin response.

TWO DOSAGE FORMS

Palatable Syrup Thydron in pints and gallons.

Convenient Thydron Tablets in bottles of 100 and 1000.

Trademark "Thydron" Reg. U. S. Pat. Off.

MERRELL

THE W. M. MERRELL COMPANY

CINCINNATI, O. U. S. A.

Representative B. Carroll Reece (R., Tenn.). Most important provisions:

¶ Authority over the labeling of foods, drugs, and cosmetics would be transferred from the FTC to the Food and Drug Administration.

¶ FTC decisions would be subject to review in the courts.

¶ The commission would be required to base its decisions on a "preponderance of evidence" instead of merely on "evidence."

Proprietary manufacturers have hailed the Reece bill as one "of the most important affecting the drug industry that has recently been introduced in Congress." They have been objecting for some time to the commission's action, under the present law, of requiring warnings in publication and radio advertising against excessive and unrecommended uses of their products. Representative Reece declared recently that this requirement is tantamount to "indirect control of labeling."

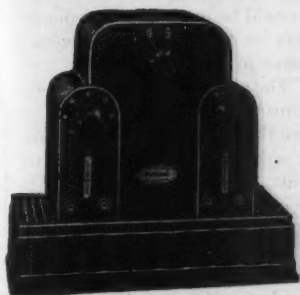
Banker Asks Postwar Buying Controls

Runaway inflation lies ahead if a wave of private spending develops before reconversion is far enough advanced to provide sufficient supplies of consumer goods, Allan Sproul, president of the Federal Reserve Bank of New York, recently warned. He declared that wartime controls must be continued until "we can be sure they are no longer needed."

"But in an over-all view," added Mr. Sproul, "the deflationary implications of our present situation may be more serious. The largest single fact about the post-war period is

Authorities Agree

Cervical Cauterization is THE Modern Method



ARTICLES in leading medical journals emphasize that cervical treatment by electro-cauterization is the *Modern Method*, as an office procedure without anesthesia. A comparative chart shows the results of treatment by cauterization, coagulation and conization. It points out that cauterization results in a more rapid cure: a more positive cure and greater freedom from complications.

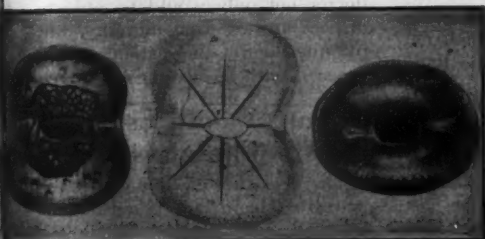
When choosing a cautery, most physicians prefer "National" because the National Simplified Control Cautery offers these advantages:

MOST COMPLETE—Most impressive Cautery ever developed

SIMPLEST TO OPERATE . . . only 3 simple dials in perfect vertical alignment on a single vertical panel.

TWIN CONTROLS for the safe and simultaneous operation of lights and cautery.

"DUAL POSITION" Cautery Pistol: Electrodes may be inserted so that cutting edges are in either vertical or horizontal position. Detachable illuminator located below the field of vision—entirely out of line of sight.



1. Cervix showing version of lip, erosion and ectropion. Nabothian cysts are studding the vaginal surface.

2. Showing radial lines of cauterization. Dotted lines indicate the depth of cauterizing cuts in the endocervix.

3. Appearance 3 months after treatment. Cervix is diminished in size; erosion and ectropion checked.

More Physicians Buy

National Cauteries

Than Any Other

See Your Dealer or Write to "National"

National Electric Instrument Co., Inc.
92-21 Corona Ave., Elmhurst, L. I., N. Y.

PHOTOMOSCOPES • OTOSCOPES • BODY CAVITY SETS • HEADLIGHTS • RETINOSCOPE • TRANSLUMINATOR • CAUTERY

that there will be a huge decline in military expenditures, the greatest loss of market in our history."

Mr. Sproul foresaw some ameliorating factors: increased civilian consumption, resumption of the normal work week, and withdrawal of many wartime workers from employment, with subsequent reduction of the unemployment problem. "But," he warned, "if we are to attain a postwar national income of \$140 billion, we shall have need of not only a great increase in private investment but, what is far more important, an expansion of consumption of at least 40 per cent beyond any level previously known."

Television Envisaged as Aid in Medicine

"Those developing television have discovered a means of linking U.S. cities in great television networks," Jack O'Brine of the Radio Corporation of America recently told the Erie County (N.Y.) Medical Society. "The significance is obvious: It means, for example, that great surgeons and medical instructors of our day may be seen as well as heard in actual demonstrations by medical students wherever they may be. Moreover, these

students, grouped around large-screen television receivers, will be able to see and hear much better than those at the scene of the demonstration.

"In the field of public health, greater knowledge could be carried to health officers, doctors, and welfare workers. Actual television visits could be made into tenement districts or to health projects in the course of development.

"The day is envisaged when, by means of television, the ill may have their cases diagnosed by medical specialists hundreds of miles away. The process would be relatively simple. With a television line established, the patient would merely telephone the specialist, who, upon answering, would see the patient before him on the screen. The doctor not only would be able to inspect any external infirmity, but by questioning the patient, could proceed with the diagnosis."

County Would Establish N.p. Clinic System

The Westchester County (N.Y.) Board of Health has asked county financial authorities for \$66,000 a year to operate a division of mental

[Continued on page 148]

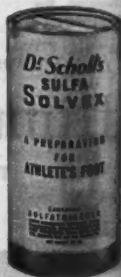
SULFA SOLVEX

A NEW FORMULA USED IN THE TREATMENT OF

ATHLETE'S FOOT

SULFA SOLVEX is composed of Sulfathiazole and other active ingredients. It is a powder prepared for a dual purpose. Exhaustive clinical tests proved that Sulfa Solvex affords not only effective relief in combatting the primary cause of Epidermophytosis, but also aids in eliminating superimposed infections, frequently occurring in this condition.

SULFA SOLVEX relieves intense itching; destroys the fungi on contact; helps prevent reinfection. 50¢ at all Drug stores. By prescription only in states requiring it. A product of The Scholl Mfg. Co., Inc., Chicago.



TRIPLE ATTACK ON SMOOTH MUSCLE SPASM

TRASENTINE-PHENOBARBITAL attacks spasms of the abdominal and pelvic viscera in three ways:

1. Direct local action on smooth muscle

2. Indirect action by blocking motor impulses to spastic muscle

3. Control nervous excitation... potentiating TRASENTINE'S spasmolytic power

Clinically effective, TRASENTINE-PHENOBARBITAL has found widespread acceptance for the relief of spasms in the gastro-intestinal, biliary, and genito-urinary tracts. It is particularly effective in individuals suffering from hyperexcitability of the autonomic nervous system.

TRASENTINE-Phenobarbital

Ciba
"Ciba" *Phenobarbital*
Trade Name Reg. U.S. Pat. Off.

Each tablet contains 20 mg. of TRASENTINE (hydrochloride of diphenylacetyl-diethylmethanone) and 20 mg. (1/3 gr.) of PHENOBARBITAL.

Available in boxes of 40 and 100 tablets.

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N.J. 07901
IN CANADA, CIBA COMPANY LIMITED, MONTREAL

Doctor: We want you to taste this palatable soda tablet



Carbex Bell is made entirely of sodium bicarbonate and aromatics, because our doctors tell us that sodium bicarbonate properly used is the fastest-acting and most dependable relief known for the symptoms of indigestion

"Trial is Proof"

R

THE CANDY-TASTING ALKALIZER

SEND FOR SAMPLE

MB-5-45

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

Sample Carbex Bell, please.

Name M.D.

Address



QUICK RELIEF FROM PAIN



Simple headache, minor neuralgia, regular menstrual pains, are relieved quickly by Anacin.

That's the result of Anacin's skilful combination of three medically proven analgesic agents. Anacin is available in your hospital pharmacy, on neighborhood drug store.

ANACIN

REG. U.S. PAT. OFF.

WHITEHALL PHARMACAL COMPANY, 22 EAST 40th STREET, NEW YORK 16, N. Y.

hygiene. Six clinics would be provided for the general public, with special attention given to the psychiatric needs of children, war veterans, and veterans' families. Resident social workers in each clinic would collaborate with a staff of circuit psychiatrists and psychologists.

The plan was originally drafted by the newly formed Westchester Mental Hygiene Association. Commenting on it, Dr. Edwin G. Ramsdell, chairman of the Board of Health, declared that the program would not conflict with Federal care of veterans. "The Government is at the moment providing nothing beyond hospital care for veterans discharged on emotional grounds. The bills providing for extension of care contemplate it by way of subsidy to existing community services rather than by the creation of special clinics for veterans."

Mortality of Wounded Low in Air Travel

With a death rate in flight of only 7 per 100,000, the Army Air Forces have transported an estimated 700,000 wounded and ill service men of the American and Allied Forces in various theatres since 1942, it is an-

nounced by the War Department. Of that total, 75 per cent were moved in 1944 in France, Italy, the Pacific, and Burma. The low mortality rate was achieved despite the fact that a large proportion of the evacuees had been critically wounded.

Most patients were flown from combat areas to base hospitals. During the same period, the evacuation of disabled men from war theatres to the U.S. increased about 1,000 per cent—from 3,000 in 1943 to 30,000 in 1944.

Many Laymen in Dark on Cancer (Gallup)

Here are some things George Gallup, director of the American Institute of Public Opinion, discovered in recent nation-wide polls on such diverse topics as cancer, divorce, income tax, and postwar prospects:

Cancer: ¶ One person in 5 believes it contagious, and another 1 in 5 isn't sure. ¶ One in 7 thinks the disease is incurable. ¶ Three in 5 do not know a single symptom of cancer.

Divorce: ¶ Eighty-three per cent think divorce laws should be the same in every state; 5 per cent do not think so; 12 per cent are unde-

For
head colds, nasal
crusts and dry-
ness of the nose



R OLIODIN 311
311

(DeLeaton Nasal Oil)

Oliodin produces a mild hyperemia with an exudate of serum, loosening crusts, relieving dryness and soothing mucous membranes. Breathing improved.

Write for Samples

THE DE LEATON COMPANY
Capitol Station Albany, N. Y.

Rx Cavolysin
in
OBESITY

(formerly Lipolysin)

Reduces weight by stimulating metabolic processes, thereby increasing fat oxidation. *Contains no Dinitrophenol.*

Tablets and Capsules: bottles of 100 Amnuc boxes of 12 and 100. Send for literature, Dept. R.

CAVENDISH PHARMACEUTICAL CORP.
25 West Broadway New York 7, N. Y.



Patients (or doctors) out of their heads from the effects of the caffeine in coffee—

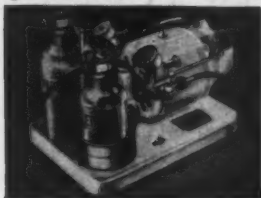
can drink delicious, caffeine-free Sanka Coffee and sleep like this!



*Sanka Coffee -
real coffee - grand coffee - 97% caffeine-free*

A Product of General Foods.

It's portable...it's versatile



**for Precision Controlled
SUCTION • PRESSURE • ANESTHESIA**

Regarded by many as the ideal all-purpose pump for precision-controlled suction, pressure and ether administration, the Gomco Model "710" embodies all Gomco safety and convenience features...standard suction and ether bottles recessed into the base...regulating valves with gauges to maintain desired suction (up to 26" of mercury) or pressure (to 30 lbs.)...the Gomco Safety Overflow Valve guarding the pump from overflow damage. These and other features, recommend the "710" for general service. Details on request.

GOMCO SURGICAL MANUFACTURING CORP.
73 Ellicott Street Buffalo 3, New York

GOMCO SUCTION AND
ETHER EQUIPMENT



ETHYL CHLORIDE U. S. P.

IN **Gebauer's** AMBER GLASS
CONTAINERS

Professionally preferred for its purity. 4 fl. oz. and
2 fl. oz. containers at all surgical supply stores.

THE GEBAUER CHEMICAL COMPANY
9410 ST. CATHERINE AVE. • CLEVELAND, OHIO

cided. ¶ Nine per cent think divorce laws in their own states are too strict; 35 per cent, not strict enough; 31 per cent, about right; 25 per cent, undecided.

Income tax industry: ¶ With members of an estimated 28,000,000 civilian families filing returns this year, thousands of tax "experts" collected sums ranging from 25 cents to \$100 for assistance in preparing forms. Their aggregate "take": about \$70,000,000.

Postwar prospects: ¶ Ten in every 100 people believe that their family incomes will be as great in the first year or two after the war as they are now; about the same, 49; less, 36; no opinion, 5.

**Deplores 'Needless'
Diabetic Deaths**

"Diabetes is a neglected disease when compared with tuberculosis or infantile paralysis," declares the New England Journal of Medicine, stressing the fact that diabetics are as numerous as tuberculosis sufferers and four times as numerous as infantile paralysis victims. "Yet contrast the organization and the huge sums devoted to the control and eradication of tuberculosis throughout the U.S. (as well as the \$11,000,000 committed to infantile paralysis) with the one small national and four local organizations devoted to diabetes.

"The need for aroused interest is growing, because each year the number of those afflicted increases. Diabetes is a disease of middle adult life, and the population is steadily advancing to the decade, 45 to 55 years, in which the onset is most frequent. Diabetic patients themselves are contributing to the gain in num-

DIRECT ATTACK ON PSORIASIS

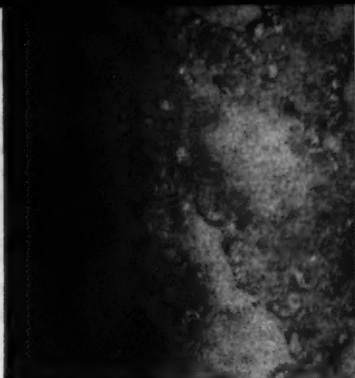
RIASOL strikes hard at psoriasis. Its amazing success proves this beyond dispute.

RIASOL hits directly at the lesions in three ways: (1) scales are swiftly removed, (2) low surface tension brings RIASOL into every crevice and (3) a proven formula carries relief of inflamed, infiltrated areas.

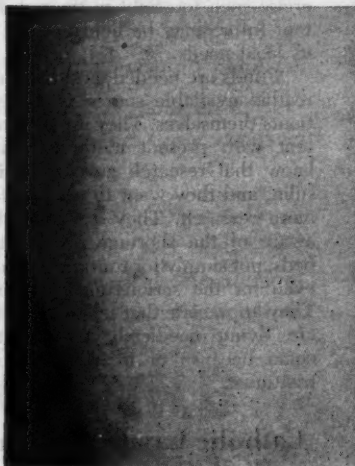
RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a stainless, odorless, washable vehicle.

Apply RIASOL daily after bathing with a mild soap and drying thoroughly. After one week adjust to the patient's progress. RIASOL may be used on any part of the body, including face and scalp. No bandages are required; a thin, invisible, economical film suffices.

RIASOL is not advertised to the laity. Supplied in 4 and 8 fld. oz. bottles, at pharmacies or direct.



BEFORE RIASOL TREATMENT



AFTER RIASOL TREATMENT

MAIL THIS COUPON TODAY FOR YOUR TESTING BOTTLE



SHIELD LABORATORIES

8751 Grand River Ave., Detroit 4, Mich.

Please send me literature and generous clinical package of RIASOL.

..... M.D. Str

City Zone State

Druggist Address

RIASOL FOR PSORIASIS

bers because they are living three times as long as they did before the introduction of insulin.

"Notwithstanding the availability of insulin, many patients die needlessly of diabetic coma. This could be remedied in large degree if each hospital in the country were to equip itself for the efficient treatment of diabetic emergencies. The time and capital involved for equipment would be minimal, and the expense of laboratory personnel at night and on Saturdays, Sundays, and holidays would be insignificant. Indeed, a hospital that does not exercise such foresight in the not-distant future may be held derelict to its local needs.

"Funds are needed, and the most readily available source is the patients themselves. They are not content with present methods. They know that research gave them insulin, and they want to provide for more research. They are painfully aware of the shortage of hospital beds, not simply for routine care but even for the serious complication. They appreciate that fellow patients are dying needlessly of diabetic coma because of inferior medical treatment."

Catholic Laymen Favor Birth Control Data

Eighty-five per cent of the people of Connecticut (which, alone with Massachusetts, forbids physicians to prescribe birth control measures un-

der any circumstances) believe that doctors should be permitted, for reasons of health, to instruct married couples in contraceptive measures. Thus reports Elmo Roper, on the basis of a state-wide poll conducted for the Planned Parenthood Association. He also found that

¶ Of those over 21, 70 per cent would make such information available to *any* married people who wanted to use it.

¶ A total of 78 per cent favor permitting doctors to prescribe birth control for poor couples who cannot afford another child.

Of those polled, 45 per cent were Protestant, 39 per cent Roman Catholic, and 9 per cent Jewish. Of the Catholics, 78 per cent were reported as favoring birth control measures if pregnancy might endanger the life of the mother.

Medicine Unionized

"Will it come to this?" asks the Norfolk Medical News, reciting the following:

"Joe Vodka, business agent for Obstetric Local No. 24, calls attention to the new rule that goes into effect March 1st whereby all obstetricians are required to have helpers. Fine idea!

"The disagreement as to jurisdiction between Gastro-Enterologists Local No. 37 and Abdominal Surgeons Local No. 2, in the case of a typhoid patient suspected of perforation, is still unsettled, al-



COSMETIC HOSE FREE FROM KNOWN ALLERGENS

AR-EX COSMETIC HOSE contains no rosin, aniline dyes, or other known skin irritants. Goes on smoothly, does not rub off, but is easily removed with soap and water. Send for Free Formulary.

AR-EX COSMETICS, INC., 1036 W. Van Buren St., Chicago 7, Ill.

AR-EX COSMETIC HOSE



CARDIAC PRISON



This man lives in unbroken fear of angina pectoris. Every exertion or emotion holds potential terror for him.

Doctor, in cases of angina pectoris, try GLARB maintenance therapy after emergency control measures. GLARB helps to decrease the number and severity of anginal attacks. Cardiac "prisoners" are enabled to withstand greater activity without ensuing penalty.

GLARB's formula is also directed against associated hypertension, cardiac neuroses, nervous insomnia and superimposed bronchospasm.

Each tablet contains $\frac{1}{4}$ gr. phenobarbital, $3\frac{1}{3}$ gr. theobromine alkaloid and $1\frac{2}{3}$ gr. calcium gluconate. GLARB's actions include coronary spasmolysis, myocardial stimulation, peripheral vasodilatation, counteredemic diuresis and sedation.

Dosage: 1 to 2 tablets after each meal. Excellently tolerated. Caution — may be habit-forming. Supplied: Bottles of 100 tablets.

GLARB for Angina Pectoris

SOLE Chemical Company • 3721 LACLEDE AVENUE • ST. LOUIS 8, MO

OTHER FINE
PRODUCT → **ASMINYL**

orally for bronchial asthma. Combined antispasmodic, bronchodilative, sedative, anti-anginal and counteredemic factors. Formula, sample on request. Dosage: 1 tablet, repeated as required. Caution — may be habit-forming. Bottles of 100.

COLE CHEMICAL COMPANY
St. Louis 8, Missouri

ME-5

Gentlemen: Please send me professional literature and clinical samples of GLARB and ASMINYL.

M. D.

(please print)

Address _____

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SMASH THE ENEMY WITH WAR BONDS!

VIM is the Needle for

Immunization

and is Available in Any Quantity

Your surgical instrument dealer can now supply you with intradermal point VIM Needles for immunization and for the administration of Toxoids, Vaccines or other fluids in any of these sizes:

VIM ODEN, specially beveled hubs.

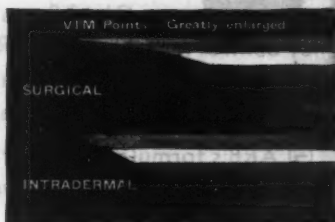
26 g. 3/16"

VIM 26 g.—3/8" (Schick)

VIM 25 g.—3/8"

All these needles have Intradermal Points (30°).

Beautifully hollow-ground, VIM points are razor-sharp. Most important, VIM points hold their sharpness despite continued use and sterilization; they are heat-treated and uniformly tempered to exactly the hardness required to



produce lasting service in a cutting instrument. If it's a VIM, it stays sharp longer.

Order VIM from your surgical instrument dealer—he has ample stocks of favored gauges and lengths for Immunization work. Write us for full list of VIM sizes for general Hypo, Subcutaneous, Intravenous, and Intramuscular work.

VIM

**FIRTH STAINLESS
CUTLERY STEEL
HYPO NEEDLES**

SOLD IN:

UNITED STATES: Surgical Instrument Dealers

CANADA: Ingraham & Bell, Limited, Toronto, Montreal, Winnipeg, Calgary

GREAT BRITAIN: Henry Milward & Sons, Redditch, England

SOUTH AMERICA: G-E Medical Products Co., Chicago, Illinois

MACGREGOR INSTRUMENT COMPANY • NEEDHAM 92, MASS.

TO SUPPLEMENT THE TREATMENT OF MYALGIA



**RECOMMEND
HOME-MASSAGE
WITH
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Through reflex action, the benefits of MINIT-RUB penetrate below the skin surface . . . induce local hyperemia and bring comforting warmth to affected areas.

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though the patient died.

"John Jones and wife, 2106 Bismark Ave., are declared unfair to union medicine by Obstetric Local No. 24. Their recent off-spring was born in an ambulance.

"Dr. John Peters of Urological Local No. 606 has been reprimanded and fined. Charges were preferred by the business agent of Physio-Therapy Local No. 7. Dr. Peters was accused of ordering a hot water bottle for a urological patient.

"A decision of importance has been handed down in a case at issue between Abdominal Surgeons Local No. 21 and Gynecologists Local No. 44 as to whether a gynecologist may remove an appendix when doing a pelvic operation. The decision is that the gynecologist may do the pelvic operation but an

abdominal surgeon must be called in to remove the appendix. Each is to collect his regular fee. All will agree that this is perfectly just and fair.

"We wish to call attention again to the rules as to working hours. No work may be done before 8 a.m. nor after 5 p.m., and no work on Saturdays, Sundays, or holidays.

"The question of jurisdiction in the present epidemic of scarlet fever has been referred to the International Union for settlement."

Army Denies Council Access to Archives

The National Research Council has abandoned its project of a comprehensive medical history of the war because of the Army Surgeon General's decision to withhold War

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2 locally with...

SYRUP AMMONIUM HYPOPHOSPHITE

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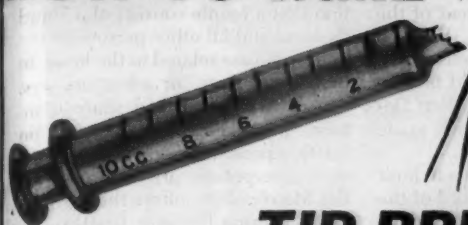
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Department data. Declaring that he "appreciated the unselfish interest of many patriotic physicians and scientists in the development of the council's program," the Surgeon General decided nevertheless that all data of the Army would first be published in the official War Department history before being made generally available.

The council now proposes to limit its medical history to a record of the activities of the division of medical sciences during the war period.

Average Family Has 3.79 Members

"How big is a family?"

Not an easy question to answer, reports the Metropolitan Life Insurance Company. "As a matter of fact," it says, "there is no single an-

swer. It all depends upon the manner in which 'family' is defined."

But using a Census Bureau definition that a family consists of a "family head and all other persons in the home who are related to the head by blood, marriage, or adoption, and who live together and share common housekeeping arrangements (with a person living alone counted as a one-person private family)," the Metropolitan offers these statistics (covering the year 1940):

Age of family head	Size of family
Under 35	3.46
35-44	4.28
45-54	4.27
55 and up	3.48

All families in 1944, reveals the insurance company, averaged 3.79 members; those with a male head, 3.84; those with a female head, 3.38.

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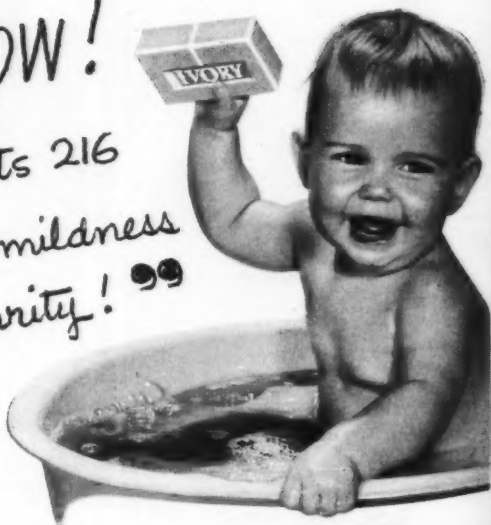
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